

## Heartmoves Leader Training

Heartmoves is a low to moderate intensity physical activity program specifically designed to cater for people with lifestyle risk factors or with existing stable chronic conditions such as heart disease, diabetes, obesity and arthritis.

This 3-day course will provide the skills, resources and accreditation you need to deliver a Heartmoves branded exercise program in your area.

The course includes:

- training by a team of clinical, health and legal professionals from the Heart Foundation, Health Department and associated professional organisations
- guest expert presenters from Health Services and Divisions of General Practice
- accreditation by Fitness Australia (15 CECs), The Australian Physiotherapy Association (54 CPD), the Australian Association of Exercise Sports Science (6ECs) and the Australian Diabetes Educators Association (24 credential points)
- safety guidelines, risk assessment and risk management strategies in running Heartmoves programs for people with stable chronic conditions such as heart disease, diabetes, obesity and arthritis
- theory, practical units, case studies, small group work, marketing and panel discussions

**Please note** that whilst Heartmoves training may be undertaken for professional development purposes by any health or exercise professional, it is essential that those who wish to go on to provide commercial Heartmoves exercise programs must be qualified, registered and insured exercise professionals. For those registered with Fitness Australia, you will also require Older Adults Instructor registration category.

### Accredited by

#### **Fitness Australia**

#### **APA**

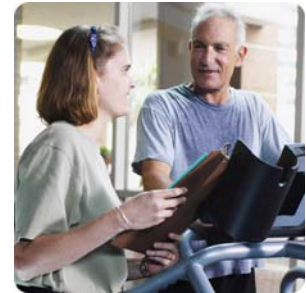
Australian Physiotherapy Association

#### **AAESS**

Australian Association of Exercise Sport Science

#### **ADEA**

Australian Diabetes Educators Association



2008

Winner: Whole of  
Community Involvement  
(Tasmania)

Medibank Active  
Australia Awards



2007

Finalist: Best Community  
Health & Fitness Program

Fitness NSW Industry  
Awards for Excellence



2006

Winner: Best Community  
Health and Fitness  
Promotion Program

Fitness NSW Industry  
Awards for Excellence





Expression of interest 2010

## Heartmoves Leader Training

Forward your expression of interest to receive further details about your nominated course. If you use this form to pay, retain a copy for tax purposes. The course fee is \$580 with a discounted rate for members of Fitness Australia, ADEA, APA and AAESS.

**2010 dates for Heartmoves Short Course for Exercise Professionals** (please tick preferred course):

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Sydney (North Ryde)</b> 19-21 February | <input type="checkbox"/> <b>Sydney (North Ryde)</b> 28-30 May |
| <input type="checkbox"/> <b>Perth</b> 26-28 February               | <input type="checkbox"/> <b>Perth</b> 14-16 May               |
| <input type="checkbox"/> <b>Canberra</b> 16-18 April               | <input type="checkbox"/> <b>Newcastle</b> 23-25 July          |

Your name: \_\_\_\_\_ Company name (organisation you work for): \_\_\_\_\_

Company address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred mailing address (if different from above): \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone/s: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Registration No. (please circle Fitness Australia / APA / AAESS / ADEA): \_\_\_\_\_

How did you hear about the Heartmoves Short Course for Exercise Professionals (please tick):

- Industry Newsletter  Heart Foundation Website  Industry website  Employer  Professional Word of Mouth

### Payment Information\*\* (If you are using the form to pay for your registration)

\*\*Payment prior to the course is mandatory for attendance

TAX INVOICE: ABN 95 000 253 289. On completion, this is a Tax Invoice, please retain a copy for tax purposes.

If payment is being made by a third party, the purchase order number and ABN must be included with invoice details below:

Cheque or money order enclosed for \$ \_\_\_\_\_ Invoice to: \_\_\_\_\_  
made payable to The Heart Foundation

Please charge my:  Mastercard  Bankcard  Visa Organisation: \_\_\_\_\_

Name on card: \_\_\_\_\_ Address: \_\_\_\_\_

Number: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_ Amount \$ \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Order number: \_\_\_\_\_

ABN: \_\_\_\_\_

#### Please forward your completed form to:

Ms Carmen Lam, Heartmoves Administration Officer, Fax: 02 4952 4626 Phone: 02 4915 8004

Mail: Ste 5, Lvl 2, OTP House, Bradford Cl, Kotara NSW 2289, Email: carmen.lam@heartfoundation.org.au

The Heart Foundation reserves the right to change or cancel scheduled courses and will notify participants within a reasonable timeframe.