**PDO Information**

|  |  |
| --- | --- |
| **Title** (max 50 characters) |       |
| **Previous Course Name**(if this course has previously had a different name, please state) |       |
| **Provider Name** |       |
| **Contact Details** | Contact Name:      Organisation:      Postal address:      Phone:      Mobile:      Email:      Website:       |
| **Delivery Medium** | [ ]  Face to Face[ ]  Online[ ]  Webinar |

**Overview of PDO**

maximum 250 words

This information will be used on all marketing material pertaining to the PDO

**How does this activity support the contemporary, evidence based and ethical professional practice of ESSA professionals?**

**Delegate Information**

**Target Audience**

Who is this PDO targeted for, i.e. Graduates, Exercise Physiologists, etc

For definitions of ESSA professional types refer to the Accreditation of ESSA Facilitated Development Opportunities (PDO) Guidelines.

[ ]  Accredited Exercise Scientists (AES)

 [ ]  Graduate

 [ ]  2-5 years’ experience

 [ ]  5+ years

[ ]  Accredited Exercise Physiologists (AEP)

 [ ]  Graduate

 [ ]  2-5 years’ experience

 [ ]  5+ years

[ ]  Accredited Sports Scientists – Level 1 (ASpS1)

 [ ]  Graduate

 [ ]  2-5 years’ experience

 [ ]  5+ years

[ ]  Accredited Sports Scientists – Level 2 (ASpS2)

[ ]  Accredited High Performance Manager (AHPM)

**Pre-requisites**

List any delegate pre-requisites required for this PDO i.e. pre-reading, University qualifications, experience

**Maximum number of participants per course/workshop**

**Has this PDO been previously accredited with ESSA?**

[ ]  Yes

[ ]  No

If yes, please provide full name of previously accredited course:

# **Program Content**

The tables must be completed in full with information on the modules that make up the PDO.

Please note that in addition to these questions, you are required to submit the full content of your proposed course, including references for review (refer to checklist on last page of this application).

For an example on how to complete this table, please see *Appendix 1*.

|  |  |
| --- | --- |
| **Overall outcome**(Skills, Knowledge, Abilities)i.e. what will the delegate know or be able to do upon completion |       |
| **Total duration**(learning hours only, please do not include breaks) |       |

**1.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**2.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**3.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |  |

**4.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**5.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**6.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**7.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**8.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**9.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

**10.**

|  |  |
| --- | --- |
| **Module Name** |       |
| **Learning Outcomes** |       |
| **Duration** |       |
| **Key Information** |       |
| **References** |       |

# **Presenters and Content Developers**

Presenters and content developers must have appropriate formal qualifications or relevant expertise (at least 3 years) in the subject matter. Where presenters are not the same person as the content developer, details for both must be provided. See *Accreditation of External Professional Development Opportunities Guidelines* for more information.

Please provide details of each presenter and content developer.

**To add more presenters/content developers, please copy and paste the below table**.

|  |  |
| --- | --- |
| **Name** |       |
| **Role in PDO** | [ ]  Presenter[ ]  Content developer[ ]  Both |
| **Contact Details** | [ ]  As per the contact details on page 1[ ]  If different contact details, please fill in the belowOrganisation:      Address:      Phone:      Mobile:      Email:      Website:       |
| **Post-nominal initials**e.g. BExSSc, PhD, AES, AEP, ASpS1 |       |
| **ESSA member****Accredited Exercise Scientist****Accredited Exercise Physiologist****Accredited Sports Scientist – Level 1****Accredited Sports Scientist – Level 2****Accredited High Performance Manager** | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Education**List your education to the topic you are presenting, including courses/professional development in addition to your formal education |       |
| **Qualifications (relevant to topic)**e.g. BClinExPhys, ESSAM, AEP |       |
| **Experience**List your experience relevant to the topic you are presenting, including length of time (e.g. years) |       |
| **Years of industry experience in presenting/delivery of education** |       |
| **Module of PDO to be delivered**Presenters only to complete |       |
| **Brief overview of professional background** (max 250 words) |       |

# **Checklist**

The review process will take **a minimum of 8 weeks**. Incomplete applications will be returned, and further details will need to be provided before the review can begin.

**Please double check that you have provided the following information:**

|  |  |
| --- | --- |
| [ ]  | Completed application form (signed and dated) |
| [ ]  | PDO content (full information on the professional development content)*(if this PD is via an online medium please provide log in details to view the online content)* |
| [ ]  | Assessment form |
| [ ]  | Reference listing |
| [ ]  | Completion certificates |
| [ ]  | Delegates’ evaluation form |
| [ ]  | Advertising materials (flyers & information) including registration form*(if advertising is via an online medium please provide the website link to advertising materials)* |

# **Fees**

A non-refundable administration fee is charged to each PDO. Fees are dependent on PDO type (detailed below). Fees are once off payments for the accreditation period (1 year).

|  |  |  |  |
| --- | --- | --- | --- |
| **1-2 points** | **3-5 points** | **6-10 points** | **11-15 points** |
| $220.00 | $290.00 | $370.00 | $445.00 |

All prices include Australian GST. Fees are subject to increase at any time without notice.

# **Billing Details**

|  |  |
| --- | --- |
| **Billing Address**if different from previously advised |       |
| **ABN** |       |
| **Payment Method** | A Tax Invoice will be sent to you via email upon approval of accreditation. If you wish to pay via credit card please contact the ESSA National Office. *Accreditation will not be final until payment is received in full* |

# **Declaration**

By submitting this application, I authorise and acknowledge the following declarations and agree to advise ESSA as soon as possible if information relating to these declarations change.

|  |  |
| --- | --- |
| [ ]  | I certify that I hold appropriate professional indemnity insurance, either personally or through a third party (e.g. employer). This insurance covers the scope of all activities undertaken, including presenting a Professional Development for ESSA members. |

|  |  |
| --- | --- |
| [ ]  | I have read and will align with ESSA’s Code of Professional Conduct and Ethical Practice. |

|  |  |
| --- | --- |
| [ ]  | I confirm that all presenters have a current (and will maintain a current) certificate of public liability and professional indemnity insurance, there is an appropriate grievance and appeals process in place and that an incident report form is available for all face to face courses. This is in accordance with all rules and regulations in running a face to face and online course or webinar. |

|  |
| --- |
| **Printed Name of PDO Provider** |

|  |
| --- |
|       |

|  |
| --- |
| **Date** |

|  |
| --- |
|       |

|  |
| --- |
| **Signature** (insert digital signature) |

|  |
| --- |
|  |

Please return form to:

Exercise & Sports Science

education@essa.org.au

07 3171 3335

|  |
| --- |
| ***Appendix 1 – Content Table Example*** |

|  |  |
| --- | --- |
| **Module Name** | Metabolic Health – What is it? |
| **Learning Outcomes**These outcome statements should be indicative and measurable of what the participant should be competent in upon completion of this module. Learning outcomes should be able to be assessed. List at least 5 outcomes. | * What metabolism is and how to explain it to clients
* Indicators and assessment of metabolic status
* The key lifestyle factors that affect metabolic health
* Interventions to improve an individual’s metabolism
* Practical application
 |
| **Key Information**What will be covered in this webinar | * A description of metabolism
* Basic physiology and biochemistry of energy production
* Chronic health conditions resulting from dysfunctional metabolism
* The effect of lifestyle factors on an individual’s metabolism – diet, exercise, sleep and stress
* Practical applications to apply different recommendations to both health compromised and healthy individuals
 |
| **References**Please list references or evidence-based information | Andersen CJ, Murphy KE, Luz Fernandez M. Impact of Obesity and Metabolic Syndrome on Immunity. ASN Review 2020;67-75 |
| **Duration** | 60 minutes |