

2017 ACCREDITED EXERCISE PHYSIOLOGIST (AEP)

NUCAP UG + NUCAP PG

ELIGIBILITY

This form is relevant to applicants who;

- have completed a NUCAP exercise science (ES) undergraduate qualification AND
- have completed a NUCAP exercise physiology (EP) postgraduate qualification

**NUCAP is the acronym for a National University Course Accreditation Program i.e. a higher education course approved by ESSA.*

OVERVIEW

*Accreditation as an AEP includes recognition as an Accredited Exercise Scientist (AES)

Exercise physiology accreditation (AEP) applicants must satisfy;

1. the ESSA Exercise Science (ES) Standards AND
2. the ESSA Exercise Physiology (EP) Standards including at least 500 hours of practicum


To satisfy the Exercise Physiology (EP) Standards, including practicum, applicants must;

- a. Attach evidence of at least 140 hours of apparently healthy practicum - This may be verified in a GE assessment outcome letter
- b. Attach evidence of successful completion of a NUCAP EP postgraduate qualification

To satisfy the Exercise Science (ES) Standards attach;

- a. Evidence of successful completion of a NUCAP ES undergraduate qualification

APPLY

- This application form includes links to documents that will provide further information to help complete this form
- Save a copy of this application form and complete in full
- ESSA forms must be completed in English and all documentation supplied must be in English
- Print the form and attach all relevant documents 
- Refer to the checklist on the final page of this application form to ensure you have completed the application form in full
- Post to Exercise & Sports Science Australia (ESSA), Locked Bag 4102, Ascot QLD 4007, Australia



SECTION A- PERSONAL DETAILS

PERSONAL DETAILS

Title Full Name

DOB

Email
(this is required for your website login)

Are you of Aboriginal or Torres Strait Islander origin? Yes No

How did you find out about ESSA membership? ESSA Website Colleague Employer University Other

CONTACT INFORMATION

Postal address

Town/Suburb State/province Postcode /zip code

Country Contact phone number

Are you working in the exercise and sports science field?

- YES Please complete the box below and page 3.
 NO Continue to 'Languages' at the bottom of page 3.

WORK ADDRESS AND EMPLOYMENT INFORMATION

Name of workplace

Postal address

Town/Suburb State/province Postcode /zip code

Country Contact phone number

Current Employment _____

Previous Position/title _____

PRIVACY STATEMENT

Exercise & Sports Science Australia manages your personal information in line with the Australian Privacy Principles and the ESSA Privacy Policy. The Privacy Policy is available from the ESSA website www.essa.org.au. ESSA only uses and discloses your personal information for our primary functions, or a directly related purpose. Primary functions include: releasing accredited member business information via the Find an Accredited Professional search function on the ESSA website. Related purposes include: releasing accreditation information to organisations such as Medicare Australia, Department of Veterans' Affairs, private health insurers, workers compensations authorities, National Health Services

Directory; releasing industry information to relevant condition organisations e.g. Arthritis Australia, Heart Foundation, Diabetes Australia; and releasing accreditation information to relevant sports governing bodies e.g. Australian Sports Anti-Doping Authority (ASADA) and sports integrity unit(s). If you do not want ESSA to release your information, or have concerns about how ESSA uses your information, please contact us in writing at info@essa.org.au. You can view and correct your personal information from your ESSA My Account.

Please indicate your primary, and if applicable your secondary, professional practice sector by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

Federal government organisation	<input type="checkbox"/>	Fitness club/institution	<input type="checkbox"/>	Sporting club/institution	<input type="checkbox"/>
State government organisation	<input type="checkbox"/>	Health care organisation	<input type="checkbox"/>	Workers compensation agency	<input type="checkbox"/>
Research/education institution	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Student	<input type="checkbox"/>
Sporting club/institution	<input type="checkbox"/>	Mining	<input type="checkbox"/>	On leave	<input type="checkbox"/>
Regional government organisation	<input type="checkbox"/>	Private company	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please indicate your primary, and if applicable your secondary, area of employment by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

Administration/project officer	<input type="checkbox"/>	Community health/health promotion	<input type="checkbox"/>	Rehabilitation case management	<input type="checkbox"/>
Aged care	<input type="checkbox"/>	Education	<input type="checkbox"/>	Rehabilitation service provider	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	Fitness industry	<input type="checkbox"/>	Sports science testing	<input type="checkbox"/>
Chronic disease prevention	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Strength & conditioning	<input type="checkbox"/>
Clinical assessments & screening	<input type="checkbox"/>	Management	<input type="checkbox"/>	Workplace health or corporate health	<input type="checkbox"/>
Coaching & athlete development	<input type="checkbox"/>	Occupational health & assessment	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please indicate your primary, and if applicable your secondary, specialty by placing a 1 (for primary area of employment) and 2 (for secondary area of employment if applicable) in the boxes below:

All rounder	<input type="checkbox"/>	Mental health	<input type="checkbox"/>	Primary prevention	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Metabolic	<input type="checkbox"/>	Sport enhancement	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	Testing/screening	<input type="checkbox"/>
Disability services	<input type="checkbox"/>	Neurologic	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	Older adults	<input type="checkbox"/>		
HEAL Facilitator	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>		


Please indicate languages you are fluent in by placing a tick in the boxes below:

English	<input type="checkbox"/>	French	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>
Afrikaans	<input type="checkbox"/>	German	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Maltese	<input type="checkbox"/>	Other <i>Please specify:</i>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>		
Greek	<input type="checkbox"/>	Polish	<input type="checkbox"/>		

SECTION B- QUALIFICATIONS

COURSE NAME	COURSE CODE	HIGHER EDUCATION PROVIDER	YEAR COMPLETED
1.			
2.			
3.			

ATTACH

-  **ESSA accepts either;**
- a) A letter from your higher education provider verifying successful course completion and eligibility to graduate. Your name, course name and code must be on the letter OR
 - b) An official* AND certified copy* of your transcript verifying successful completion of all course requirements OR that the qualification has been awarded or conferred.

NOTE 1. You may need to order an official academic transcript from your higher education provider if you are applying to ESSA before graduation.

NOTE 2. *'Official' means a hard copy from your higher education provider i.e. not downloaded from the higher education provider's website. *'Certified copy*' means a copy of the original document that is signed by a suitable notary ([see examples of a Suitable Notary](#)) as a true copy of the original.

NOTE 3. For transcripts not in English, attach an officially translated copy of your final academic transcript. Transcripts must be translated to English by a NAATI accredited translator (National Accreditation Authority for Translators and Interpreters Ltd).

-  Copy of current First Aid (code HLTAID003) and CPR (HLTAID001) statement of attainment
Please ensure that your First Aid and CPR statement of attainment/s are valid for at least 45 days on submission of your application.

SECTION C- FEE AND PAYMENT DETAILS

This application incurs an initial processing fee payable upon receipt of your application and the annual membership and or accreditation fee upon approval of your application.

C1.0 PROCESSING FEE

- An initial processing fee of \$42 incl GST applies to this application and is payable when your application is received.
- An additional assessment fee of \$55 incl GST applies in the event that an application requires additional information to be finalised i.e. you are asked to supply additional information. Additional assessment fees will be charged prior to an assessment.
- A maximum of two additional assessments are allowed per application. If your application is not approved after two additional assessments OR if you fail to supply information by due date your application will be finalised as declined.
- Additional information must be supplied within 10 working days.
- Additional assessments are processed within 10 working days.
- All assessment and processing fees are non-refundable.

C2.0 PAYMENT AUTHORISATIONS

I authorise Exercise & Sports Science Australia to charge the relevant fee for my initial processing fee and additional assessment/s if applicable.

Signature: _____

Date:

C3.0 MEMBERSHIP AND ACCREDITATION FEES

Recognition as an AEP also includes recognition as an Accredited Exercise Scientist (AES). Upon approval for AEP you are eligible to choose from several joining options. Please tick your preferred joining option below;

- | | |
|--|---|
| <input type="checkbox"/> I am already a financial Full member for 2017 i.e. have paid the 2017 fees AND wish to become an AEP (including AES)
Total Fee \$353.50 incl GST | <input type="checkbox"/> I'm not a current member/accredited professional of ESSA AND wish to become an AEP (including AES) AND a Full member of ESSA
Total Fee \$645.50 incl GST |
| <input type="checkbox"/> I am already a financial Full member and AES for 2017 i.e. have paid the 2017 fees AND wish to become an AEP (including AES)
Total fee \$287.00 incl GST | <input type="checkbox"/> I am not a current member/accredited professional of ESSA AND wish to become an AEP (including AES) without the benefits of Full membership of ESSA
Total Fee \$581.00 incl GST |
| | <input type="checkbox"/> I wish to take a leave of absence from accreditation. Please contact ESSA on ph: +61 7 3171 3335
Total fee: \$100.00 incl GST |

C4.0 PAYMENT METHODS

ESSA accepts credit card and cheques/money orders

I am paying by credit card

Card type (Please select)

VISA

Mastercard

Cardholder's name _____ Expiry of card (Month/Year) _____

Card number

Signature _____ Date

NOTE: If paying by credit card a 1.5% merchant fee applies.

If my application is approved I authorise Exercise & Sports Science Australia to charge my credit card for the preferred joining option indicated above, plus the merchant fee.

I am paying by cheque/money order

*Please staple a cheque/money order for \$42 for your initial processing/assessment fee made payable to Exercise & Sports Science Australia to your application. Will be banked upon receipt of application.

*Please staple a second cheque/money order for the fee relevant to your preferred joining option (see C3.0) made payable to Exercise & Sports Science Australia to your application. Will be banked upon approval of application.

NOTE: if an additional assessment is required you will need to submit a cheque/money order for \$55 with your additional information.

ESSA membership and/or accreditation fees apply annually, per calendar year (January – December). Full annual fees are charged at the time of approval, with pro-rata fees then issued for the following year.

SECTION D- DECLARATIONS

D1.0 ESSA DECLARATIONS

By submitting this application I authorise and acknowledge the following:

A) I certify that the information supplied on and with this form is true and correct.

Applicant's signature _____ Date

B) If accepted as an Exercise & Sports Science Australia member and or an accredited professional I agree to abide by the Exercise & Sports Science Australia Code of Professional Conduct and Ethical Practice.

Applicant's signature _____ Date

C) As an accredited professional I certify that if I am working with clients/human subjects (no matter the type) that I will have current professional indemnity and public liability insurance and hold current first aid and cardiopulmonary resuscitation (CPR) qualifications

Applicant's signature _____ Date

If accepted by Exercise & Sports Science Australia as an accredited professional I agree to receive information and updates about ESSA and the industry. If I choose to be an ESSA Full member and accredited professional I agree to have my services as an accredited professional searchable on the ESSA website. (Note: you can change this at any time once you become an accredited member by logging into your profile in the members area of the website and removing yourself from the search function).

Applicant's signature _____ Date

D) If accepted as an Exercise & Sports Science Australia member and or an accredited professional I confirm that I am a fit and proper person by acknowledging the following:

- I have not been charged with or have any prior convictions for a serious criminal offence, sexual assault, fraud, or other offence of dishonesty;
- I have not been and am not currently under investigation, the subject of complaint, disciplinary proceedings or adverse findings as to fitness to practice by any international regulatory body having jurisdiction over me or any industry in which I have been employed;
- I possess the necessary physical and mental health to deliver a service safely and competently to the public.

Applicant's signature _____ Date

D2.0 STATUTORY DECLARATION

This statutory declaration covers all information provided to support this application, including additional information submitted for any additional assessments, it must be completed by the applicant and authorised and witnessed by a suitable notary e.g. Justice of the Peace, police officer, pharmacist, full-time teacher etc.

1. Insert the name, address and occupation of person making the declaration
i.e. Applicant details
- I,¹ _____ (name) of
 _____ (address)
 And of _____ (occupation)
- make the following declaration under the Statutory Declarations Act 1959:
2. Set out matter declared to in numbered paragraphs
- ² "The attached documentation accurately demonstrates the necessary requirements for this application with Exercise & Sports Science Australia.
- I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.
3. Signature of person making the declaration
i.e. Applicant signature
- ³ Signature _____
4. Place
- Declared at ⁴ _____ on ⁵ _____ of ⁶ _____
5. Day
6. Month and year
7. Signature of person before whom the declaration is made
i.e. Suitable notary signature
- ⁷ Signature _____
8. Full name, qualification and address of person before whom the declaration is made (in printed letters)
i.e. Suitable notary details
- ⁸ Name _____
 Qualification _____

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

Please see the attachment [suitable notary for examples of people who can certify an academic transcript and witness a statutory declaration](#) [Click completed statutory declaration for an example.](#)

SECTION E- EVIDENCE OF APPARENTLY HEALTHY PRACTICUM

Please see the attached documents for the [ESSA logbook template](#) and [supervisor forms](#) for all categories.

E1.0 ATTACH EVIDENCE OF AT LEAST 140 HOURS OF APPARENTLY HEALTHY PRACTICUM. YOU CAN SATISFY THIS REQUIREMENT USING THREE METHODS. PLEASE TICK THE RELEVANT METHOD BELOW AND FOLLOW THE INSTRUCTIONS.



E1.1 DO YOU HOLD AN ESSA GRADUATE ENTRY (GE) ASSESSMENT LETTER WITH AN 'APPROVED' OR 'MET ALL REQUIREMENTS' OUTCOME?

NO- if NO please go to E1.2 below

YES – if YES please attach a copy of your letter. Please proceed to Section F



E1.2 DO YOU HOLD AN ESSA GE ASSESSMENT LETTER WITH A 'DECLINED' OR 'NOT YET MET' OUTCOME DUE TO INSUFFICIENT PRACTICUM OR NO FINAL ACADEMIC TRANSCRIPT?

NO- if NO please go to E1.3 below

YES- if YES please attach a copy of your letter AND the necessary evidence to satisfy the deficits highlighted in your outcome letter then proceed to Section F



E1.3 IF NONE OF THE ABOVE METHODS ARE RELEVANT TO YOU PLEASE PROVIDE EVIDENCE OF 140 HOURS OF APPROPRIATELY SUPERVISED APPARENTLY HEALTHY PRACTICUM USING A LOG BOOK AND SUPERVISOR FORM

HOW TO PROVIDE EVIDENCE OF APPARENTLY HEALTHY PRACTICUM:

Please refer to the [AEP Practicum Guide](#) for more information on apparently healthy practicum AND see the resources below




[Click the link for the ESSA Logbook Template](#)

[Click the link for a Logbook Example](#)

[Click the link for a Supervisor Form Template](#)

[Click the link for an Example Supervisor Form](#)

SECTION F- APPLICATION CHECKLIST (TICK WHEN COMPLETE)

- 1. **COMPLETE SECTION A** - PERSONAL DETAILS
 - 2. **COMPLETE SECTION B** - QUALIFICATIONS *ATTACH CERTIFIED COPIES 
 - 3. **COMPLETE SECTION C** - FEES AND PAYMENTS * STAPLE CHEQUES/MONEY ORDERS IF APPLICABLE 
 - 4. **COMPLETE SECTION D** - DECLARATIONS
 - 5. **COMPLETE SECTION E** - ATTACH EVIDENCE OF AT LEAST 140 HOURS OF APPARENTLY HEALTHY PRACTICUM IF REQUIRED 
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Please note:

- Applications will not be assessed until a complete application and supporting documentation has been received by the ESSA National Office
- Applications are assessed in order of arrival and can take up to 10 working days per application from the date of receipt
- You will receive a confirmation email upon receipt of your application. If you have not received this within 10 working days of sending your application please contact ESSA on +61 7 3171 3335
- Application forms are not returned to you, please keep a copy for your records
- Do not send original academic transcripts as these will not be returned to you
- ESSA recommends sending your application by registered post and keeping a tracking number for your reference