

## 2017 GRADUATE ENTRY (GE) ASSESSMENT

**NON NUCAP**

### ELIGIBILITY

This form is relevant to applicants who:

- have completed or are enrolled in a final semester of a non NUCAP AQF Level 7 qualification (or an international equivalent) leading to the award of a Bachelor degree in or related to the field of exercise and sports science
- intend to enrol in a NUCAP accredited post graduate exercise physiology qualification in order to become an Accredited Exercise Physiologist (AEP)

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


### OVERVIEW

The Graduate Entry (GE) assessment is a process to identify whether an applicant can satisfy some or all of the ESSA Exercise Science (ES) Standards including at least 140 hours of apparently healthy practicum. Applicants can apply for a GE assessment even if they have not yet completed apparently healthy practicum.

GE assessment applicants must;

1. Provide evidence of minimum Bachelor level study and practical experience relevant to the ESSA ES Standards. Applicants must demonstrate the standards by;
  - a. Addressing as many of the ES Standards as possible by completing the Word document in the link provided in Section E (page 8) of this form OR
  - b. By supplying a copy of a previous GE assessment with a 'declined' or 'not yet met' outcome AND the necessary evidence to satisfy the deficits highlighted in the outcome letter
2. Provide evidence to satisfy up to 140 hours of supervised apparently healthy practicum as specified in the AEP Practicum Guide.

### 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](http://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](mailto: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	YR COMPLETED/ DUE FOR COMPLETION
1.			
2.			
3.			

Please indicate the name of the higher education provider/s you are applying to: \_\_\_\_\_

## ATTACH

-  **ESSA accepts either;**
- An up to date official\* AND certified copy\* of your academic transcript
  - 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
  - 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).

## SECTION C- FEE AND PAYMENT DETAILS

This application incurs an initial processing fee payable upon receipt of your application.

## C1.0 ASSESSMENT FEES

- An initial processing fee of \$175 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 not yet met your application will be finalised as declined.
- Additional information must be supplied within 30 working days.
- Additional assessments are processed within 30 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 assessment and additional assessment if applicable.

Signature: \_\_\_\_\_ Date:

## C3.0 JOINING ESSA

All exercise and sports science students are eligible to gain free Student membership of ESSA.

[Click here to join.](#)

If you would like to become a Full member and/or Accredited Exercise Scientist please contact the ESSA office on 07 3171 3335.

## 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.

I am paying by cheque/money order

\*Please staple a cheque/money order for \$175 for your initial processing/assessment fee made payable to Exercise & Sports Science Australia to your application. The money will be banked upon receipt of application.

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

## 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

**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,<sup>1</sup> \_\_\_\_\_ (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
- <sup>2</sup> "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*
- <sup>3</sup> Signature \_\_\_\_\_
4. Place
- Declared at <sup>4</sup> \_\_\_\_\_ on <sup>5</sup> \_\_\_\_\_ of <sup>6</sup> \_\_\_\_\_
5. Day
6. Month and year
7. Signature of person before whom the declaration is made  
*i.e. Suitable notary signature*
- <sup>7</sup> Signature \_\_\_\_\_
8. Full name, qualification and address of person before whom the declaration is made (in printed letters)  
*i.e. Suitable notary details*
- <sup>8</sup> 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- ASSESSMENT

The ESSA Graduate Entry (GE) assessment is a process to identify whether an applicant can satisfy some or all of the ESSA Exercise Science (ES) Standards including at least 140 hours of apparently healthy practicum.

A majority of Australian universities who offer a post graduate NUCAP course in exercise physiology request that the above requirements are assessed as part of the course entry process. You will need to eventually satisfy the ES Standards including at least 140 hours of apparently healthy practicum PLUS successfully complete a post graduate NUCAP course in exercise physiology to be eligible for exercise physiology accreditation (AEP) with ESSA.

### E1.0 DO YOU HOLD A PREVIOUS ESSA GE ASSESSMENT LETTER WITH A 'DECLINED' OR 'NOT YET MET' OUTCOME?

- NO – if NO please go to E2.0 below
- YES – if YES please attach a copy of your letter AND attach the necessary evidence to satisfy the deficits highlighted in your outcome letter

### E2.0 IF YOU DO NOT HOLD AN ESSA GE ASSESSMENT LETTER YOU ARE REQUIRED TO DEMONSTRATE HOW YOU CAN SATISFY THE ES STANDARDS BY COMPLETING SECTION E.



#### HOW TO COMPLETE SECTION E:

1. Click this link [Section E ES Standards GE non-NUCAP \(Word document\)](#).
2. Download and read the Tips on completing Section E on page 2 of the Word document.
3. Complete in full by listing and/or describing evidence.
4. Attach all evidence items as hard copies with your application form OR save all evidence items to a USB and send with your application.
5. If you have undertaken professional practice, attach evidence of at least 140 hours of apparently healthy practicum.

#### HOW TO PROVIDE EVIDENCE OF APPARENTLY HEALTHY PRACTICUM:

To assist you in completing the professional practice component of Section E, 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](#)

- I have completed the ES Standards document and have attached my evidence.

## 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** - ASSESSMENT \*ATTACH RELEVANT EVIDENCE  
- .....

**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 30 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