

2017 ACCREDITED HIGH PERFORMANCE MANAGER (AHPM)

(SPORTS SCIENCE/ SPORTS MEDICINE)

ELIGIBILITY

This form is relevant to applicants who;

- are looking to apply under the regular pathway to become an ESSA Accredited High Performance Manager
- have completed an AQF Level 7 qualification (or an international equivalent) leading to the award of a Bachelor degree in exercise, sports or movement science OR in health/allied health
- have undertaken a minimum of 5 years full time equivalent (FTE) practice in a high performance setting

OVERVIEW


ESSA Accredited High Performance Manager specialises in overseeing a team's sports science/sports medicine services. They apply their knowledge and skills to lead programs for high performance, elite and professional sports and athletes.

At all times, an Accredited High Performance Manager makes the wellbeing of the athlete, the team and other service users their primary concern by providing the utmost duty of care and never recommending the use of any substance or practice that might knowingly cause harm to the service user.

Accredited High Performance Manager applicants must;

- Demonstrate evidence of meeting the ESSA Accredited Sports Science Level 1 Professional Standards (Standards 1 to 6).
- Demonstrate evidence of meeting the ESSA Level 2 Accredited High Performance Manager Professional Standards.
- Demonstrate evidence of practising the profession of Sports Scientist Level 2 (or equivalent) for at least 5 years FTE (9000 hours) in a high-performance setting.

APPLY

- 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:

National government organisation	<input type="checkbox"/>	Fitness club/institution	<input type="checkbox"/>	Other <i>Please specify:</i>	<input type="checkbox"/>
Research/education institution	<input type="checkbox"/>	Private company	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Sporting club/institute/academy	<input type="checkbox"/>	Student	<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"/>	Fitness industry	<input type="checkbox"/>	Strength & conditioning	<input type="checkbox"/>
Coaching & athlete development	<input type="checkbox"/>	Management	<input type="checkbox"/>	Other <i>Please specify:</i>	<input type="checkbox"/>
Education	<input type="checkbox"/>	Sports science testing/services	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	

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"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Greek	<input type="checkbox"/>	Polish	<input type="checkbox"/>		

SECTION B- QUALIFICATIONS

COURSE NAME	COURSE CODE	HIGHER EDUCATION PROVIDER	YEAR COMPLETED
1.			
2.			
3.			
4.			
5.			

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).

Do you work with clients/human subjects (no matter the type) YES NO

If you answered yes, please attach the below requirements to your application:



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

ESSA applications incur a processing or assessment fee payable upon receipt of your application and the annual membership and/or accreditation fee/s are payable upon approval of your application.

C1.0 ASSESSMENT FEES

No assessment fee will be charged in 2017 for AHPM.

- Assessments are processed within 30 working days.

- Additional information must be supplied within 30 working days.
- Additional assessments are processed within 30 working days.

C2.0 MEMBERSHIP AND ACCREDITATION FEES

Upon approval for AHPM you are eligible to choose from several joining options. Please tick your preferred joining option below.
Please note: Membership is FREE with this accreditation type.

- I am already a financial Full member for 2017 i.e. have paid the 2017 fees AND wish to become an AHPM.
Total fee: No charge
- I am not a current member/accredited professional of ESSA AND wish to become only an AHPM (non-member).
Total fee: \$236.00 incl GST
- I am not a current member/accredited professional of ESSA AND wish to become an AHPM AND a Full member of ESSA
Total fee: \$236.00 incl GST

C3.0 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.

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I am paying by cheque/money order

*Please staple a cheque/money order for the fee relevant to your preferred joining option (see C2.0) made payable to Exercise & Sports Science Australia to your application. Will be banked upon approval of application.

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

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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

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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- ASSESSMENT OF STANDARDS

E1.0 STANDARDS

The ESSA Accredited High Performance Manager Standards broadly define the minimum components of an Accredited High Performance Manager (AHPM).

This form requires you to demonstrate the relevant professional standards. Before completing Section E please see the [Level 2 Accredited High Performance Manager Guide](#).

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E2.0 DO YOU HOLD SPORTS SCIENCE ACCREDITATION LEVEL 1 ALREADY?

- NO**- Please proceed to E3.0
- YES**- Please proceed to E4.0
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E3.0 ACCREDITED SPORTS SCIENTIST PROFESSIONAL STANDARDS - LEVEL 1

Applicants are required to provide a portfolio of evidence for meeting the Level 1 Professional Standards.

[Click link for Sports Science Standards](#)

HOW TO PROVIDE EVIDENCE OF THE STANDARDS

1. Provide a written response to each standard (1-6).
2. Support each response by providing evidence documents such as athlete programs, reports, professional development references etc.
3. Attach responses and evidence either as hard copy with this application or saved to a USB.

Once completed, please proceed to E4.0.

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E4.0 LEVEL 2 ACCREDITED HIGH PERFORMANCE MANAGER (AHPM) PROFESSIONAL STANDARDS

HOW TO PROVIDE EVIDENCE OF THE STANDARDS

1. Click the link for the [Accredited High Performance Level 2 Competency Assessment Form](#).
2. Complete in full, print and attach to this form with your evidence.

- I have completed the Accredited High Performance Level 2 Competency Assessment Form and attached with evidence.

SECTION F- WORK HISTORY

Applicants need to demonstrate 5 years (Full time equivalent) of practice at a level 2 sports science standard

Practice — whether remunerated or not — in which the individual uses their skills and knowledge as a sports scientist under the defined ESSA Scope of Practice for Sports Science. For the purpose of accreditation, practice is restricted to direct servicing and research. Management, administration and policy development roles are not included.

YEARS	WORKPLACE	TIME (IE 1 YEAR, 1.5 YEARS) (COMPLETED BY THE APPLICANT)	MET/ NOT MET (ASSESSOR TO COMPLETE)
		TOTAL	

[Click the link](#) to download and attach the signed supervisor report form

SECTION G- PROFESSIONAL REFEREES







REFEREE 1

Title	<input type="checkbox"/>	Full Name	<input type="text"/>	
Postal address	<input type="text"/>			
Phone	<input type="text"/>	Fax	<input type="text"/>	
Mobile	<input type="text"/>			
Email	<input type="text"/>			
Qualifications and professional experience relevant to exercise and sports science				
<input type="text"/>				
Current position/title	<input type="text"/>			
Capacity in which applicant is known to the referee	<input type="text"/>			

REFEREE 2

Title	<input type="checkbox"/>	Full Name	<input type="text"/>	
Postal address	<input type="text"/>			
Phone	<input type="text"/>	Fax	<input type="text"/>	
Mobile	<input type="text"/>			
Email	<input type="text"/>			
Qualifications and professional experience relevant to exercise and sports science				
<input type="text"/>				
Current position/title	<input type="text"/>			
Capacity in which applicant is known to the referee	<input type="text"/>			

SECTION H- 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** - STANDARDS 
 6. **COMPLETE SECTION F** - PRACTICUM/WORK HISTORY AND SUPERVISOR REPORT FORM 
 7. **COMPLETE SECTION G** - PROFESSIONAL REFEREES 
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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 30 working days per application from 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 07 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