



EHFA Accreditation Process **Document (EAD 01)**

Name of Training Organisation:

**To be returned to EHFA via electronic attachment where possible to
ehfa@cyq.org.uk**

EHFA Use Only	
Name of Training Organisation:	
Country:	
Date of receipt by EHFA:	
Outcome of Accreditation Document:	
Outcome of Accreditation visit:	
Date of entry onto Database:	
EHFA Training Organisation Code:	

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Payment form

Training Organisation details	
Name:	
Address:	
Postcode/Zip code:	
Country:	
Main enquiry telephone no.	Fax no:
Contact name:	Contact email:
Contact tel:	Job title:
Website address:	

Payment details			
Credit/debit card no.		Invoice information- centre to complete in full	
Security code: (last 3 digits on reverse of card)		Invoice attention:	
Valid from date:		Invoice address:	
Expiry date:			
Name of cardholder:			
Please ensure the invoice address is the same as the registered address of the cardholder. By completing the credit/debit card details you agree that CYQ may deduct the amount you have stated from your credit/debit card with immediate effect.			Centre sales ledger code:

Statement:

I am providing payment details (credit card/enclosing a cheque/requesting an invoice*), for the EHFA Accreditation Fee of €900 which, I understand, is non-refundable. Please make cheques payable to: **Central YMCA Qualifications.**

* delete as appropriate

Declaration:

I confirm that the training organisation will endeavour to meet all EHFA requirements with respect to this application for EHFA Accreditation and that the details given are, to the best of my knowledge, correct. I confirm that I have read and agree to abide by EHFA guidelines for use of the EHFA logo once confirmation of EHFA accreditation has been received by EHFA.

Signed: _____ **Dated:** _____

Introduction

Thank you for applying to EHFA to become a European Health and Fitness Association (EHFA) accredited Training Organisation. Once you have completed this portfolio please return it via electronic attachment to ehfa@cyq.org.uk. We will acknowledge receipt within ten working days and, once we have received your fee, review your submission. Then we will allocate a team of evaluators who will contact you to arrange an accreditation visit.

Please note: If you are already accredited by an independent body, EHFA will review this existing accreditation. This evidence may be used in place of the direct evidence that forms the basis of the agreement and declaration shown below.

The evidence enclosed in your submission will be treated with the strictest confidentiality. If you need any further advice and/or support in the construction of your Training Organisation accreditation submission please do not hesitate to contact EHFA on:

- Lead Verifier CYQ 0044-20 7343 1808 or email j.patrickson@cyq.org.uk
- Quality Manager CYQ 0044-20 7343 1809 or email n.cutland@cyq.org.uk
- Executive Director CYQ 0044-20 7343 1807 or email j.marnoch@cyq.org.uk

Background

EHFA has appointed CYQ as the sole Accreditation Body to operate as the EHFA Accreditation Unit (EAU) working on behalf of EHFA to accredit Training Organisations and procedures across Europe against the EHFA Standards and Learning Outcomes for Basic Level Instructors and Advanced Instructors/Personal Trainers.

The accreditation process has been developed to provide an independent evaluation of VET programmes to establish whether they develop competent people to meet or exceed the EHFA Occupational Standards Frameworks developed during the Eurofit Project.

EHFA Mission Statement

EHFA exists to:

- Support Social Partners to set, implement and evaluate standards and qualifications, at the National level within the European framework for health and fitness facilities and professionals
- Work towards harmonising the qualifications and standards, which will support the development of the European employment market in Health and Fitness
- Enhance public awareness of health in general and more specifically of health-promoting physical activities and fitness
- Promote employment and labour market research with regard to health promoting physical activities and fitness

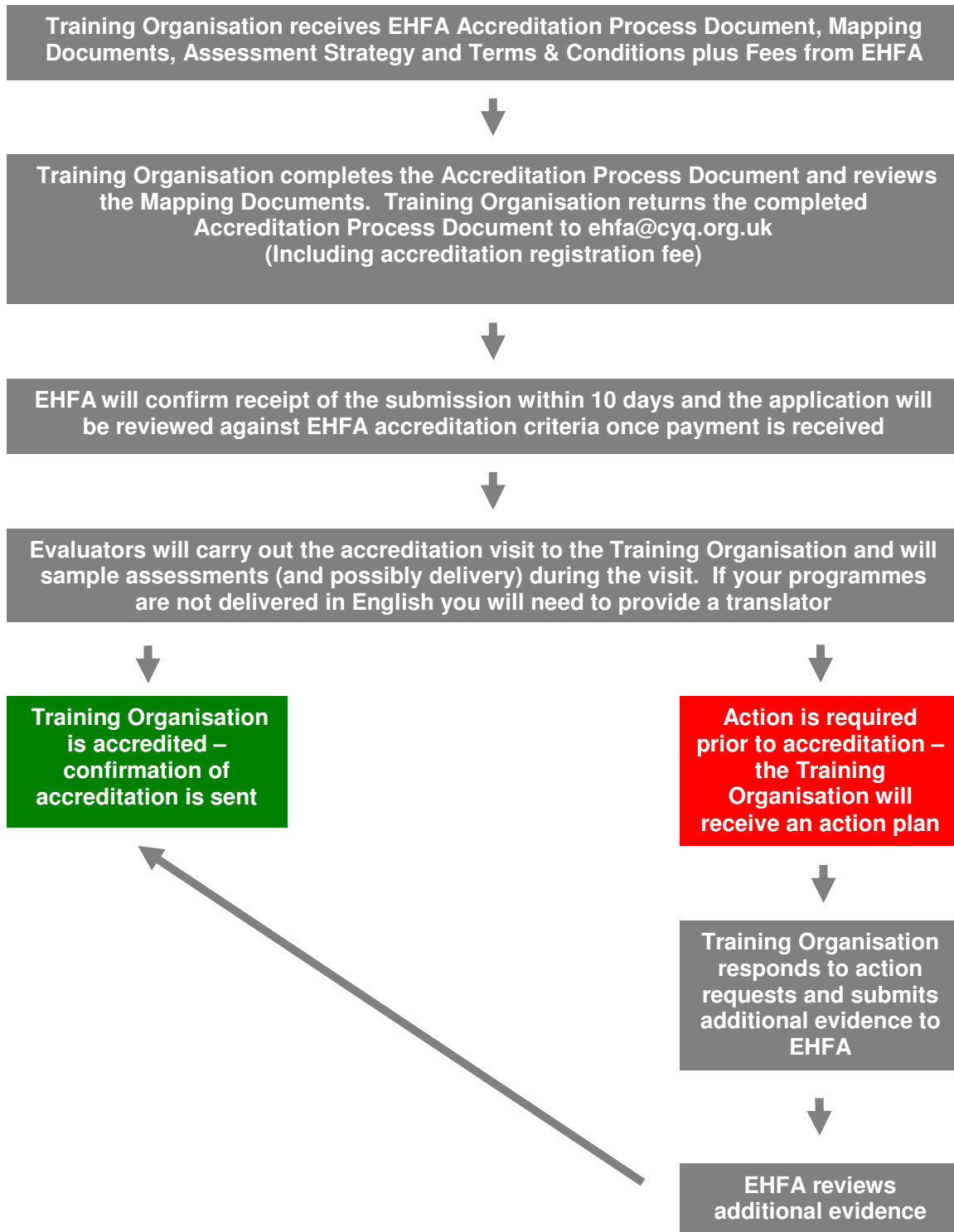
Contacts

Any enquiries relating to the implementation of EHFA Accreditation Process should be addressed to:

Telephone: 0044-20 7343 1808

Email: ehfa@cyq.org.uk

EHFA Accreditation Process



Part 1: Approval - General

1.1 Details

Details of Lead Training Organisation	
Name of :	
Address:	
Postal town:	
Post code:	
Country:	
Main e-mail enquiry address:	
Main telephone enquiry number:	
Main fax number:	
Web site address (if applicable):	
Type of Training Organisation	
School	
VET Centre	
University or other Higher Education Centre	
Employer Training Organisation	
Other	
Status of Training Organisation	
Public	
Private	
Not for Profit	

1.2 Contact Details

Please enter the name of head of the Training Organisation:

Name	
------	--

Please enter the name of the key contact within the Training Organisation who will be dealing with matters concerning EHFA accredited programmes:

Name:	
Address:	
Postal town:	
Post code:	
Country:	
E-mail enquiry address:	
Telephone enquiry number:	
Fax number:	

Details of Administration Contact

Please enter the name of the administration contact within the Training Organisation who will be dealing with the administration of EHFA accredited programmes:

Name:	
Address:	
Postal town:	
Post code:	
Country:	
E-mail enquiry address:	
Telephone enquiry number:	
Fax number:	

1.3 Policy Statements

Please tick the boxes below to confirm that the Training Organisation has in place the relevant arrangements/documentation relating to the policies, procedures and requirements below (or, if not already in place, please indicate the date by when these will be implemented):

Policies/Procedures	✓	If not in place, date for implementation
Health and safety policy		
Employer and public liability insurance certificate		
Appeals procedure for candidates		
Equal opportunities policy		
Complaints procedure		
Quality Assurance Policy		
Malpractice procedure		
Candidate Induction handbook*		

* Your Candidate Induction handbook must include information on how the course will be delivered and how it will be assessed. It should also include guidance on your Training Organisation's appeals procedure (so that candidates can appeal against an assessment decision), progression routes (to identify opportunities for continuing professional development) and additional support opportunities for candidates (for those who have individual learning needs).

1.4 Training Organisation Agreement and Declaration

Please note:

If you are already accredited by an independent body, EHFA will review this existing accreditation. This evidence may be used in place of the direct evidence that forms the basis of the agreement and declaration shown below.

Please tick the boxes below to declare that the Training Organisation will:	✓
Confirm that the Training Organisation is a financially viable company able to support candidates through training and assessment processes, meeting the criteria for EHFA accreditation	
Ensure that an adequate initial assessment of learners' existing skills, knowledge and understanding prior to registration for a particular award is made	
Ensure that there is an accurate record of learners' progress and achievements	
Monitor the progress of learners towards their awards and review their goals in light of this, and provide learners with sufficient opportunity to review goals and revise their assessment plans	
Ensure that valid and reliable assessments of learners' achievements are conducted and that details of these are made available to EHFA	
Use an appropriate range of assessment methods, which are fair and in line with EHFA requirements	
Provide learners with accurate and up-to-date information about the programme(s) available at the Training Organisation	
Make available learners, staff and Training Organisation policies (see previous page) when EHFA carry out quality assurance checks	
Agree to update EHFA should any changes occur to the information supplied in this application	
Comply with EHFA requirements and, following sufficient notification from EHFA, agree to comply with any additional reasonable requirements as updated and amended from time to time	
Confirm that all information referred to in this application will apply to any satellite sites affiliated to this Training Organisation	
Have an appropriate and effective system for the management of all sub-contracted services and that all policies and requirements referred to in this application will apply to any satellite sites affiliated to the Training Organisation, for example remote assessment sites or delivery points	
Comply with all relevant law, regulatory criteria and codes of practice as updated from time to time	
Agree to use the EHFA logo on each learner certificate to reflect the achievement of EHFA standards	

1.4 Training Organisation Agreement and Declaration (continued...)

	✓
Have a quality management system in place that is reviewed to ensure that learner and staff needs are met (for example - self assessment activities, regular management and team meetings, staff appraisal and review systems, information database)	
Have appropriately qualified and sufficient staff in place to support the programme(s) provided	
Have effective communications systems in place both internally and with EHFA, clients and learners	
Keep complete and accurate records, for at least three years from the end of the year to which they relate, for all programmes and make these available to EHFA upon request	
Understand and agree that EHFA reserve the right to view all relevant documentation either through the application process or via a post- approval monitoring activity	
Agree to provide EHFA, on reasonable notice, with access to premises, people and records as required, and fully cooperate with their monitoring activities, including but not limited to providing access to any premises used (including satellite sites)	
Accept that if the Training Organisation defaults on the commitments made in this application it may lead to the removal of its approval status	
Agree that the Training Organisation will provide adequate safeguards to protect the interests of learners	
Have a robust internal quality assurance process in place to ensure consistency and comparability of assessment decisions over time	
Agree to translate, upon request, assessment documents into English (for example, theory exams, practical competence measuring documents)	
Understand that if this application is accepted it will form the agreement between the Training Organisation and EHFA	

I hereby declare that I am authorised by the above mentioned Training Organisation to supply the information given and at the date of submission, the information given in this questionnaire is a true and accurate record to the best of my knowledge:

Name _____

Position _____

Date _____

Part 2: Programme Approval

2.1 Programme Checklist

Please indicate against which EHFA standard you wish to be accredited:		
Title	EQF Level	✓
Fitness Instructor	3	
Group Fitness Instructor	3	
Aqua Fitness Instructor	3	
Personal Trainer	4	
Sales & Marketing for Personal Training (optional bolt on unit)		

Please provide the title(s) of your learning programme(s):	
Level	Title

Please complete the following declaration:	✓
We confirm that we have reviewed the relevant EHFA mapping documents and that our programmes and assessments map effectively to the EHFA standards (underpinning knowledge and practical competence)	

2.2 Programme Overview for EHFA Accreditation

Please complete this programme overview (see page 15-16 for example):	
Qualification Title:	
Unit Title:	
Level of Qualification/Unit: <i>(if known)</i>	
Qualification or Unit Description:	
Qualification/Unit Structure and Prerequisites:	
Learning Outcomes:	
Number of Learning Hours:	
Summary of Content:	
Method of Assessment:	

Programme Overview for EHFA Accreditation - Example

Qualification Title:	Group Fitness Instructor
Unit Title:	Exercise to Music
Level of Qualification/Unit: (if known)	EQF Level 3
Qualification or Unit Description:	This unit prepares the learner for work as a Group Fitness Instructor in aerobics and body conditioning. The emphasis is on the learners' ability to perform and demonstrate exercises correctly and on developing their skills to instruct and motivate
Qualification/Unit Structure and Prerequisites:	The Group Fitness Instructor is made up of 2 units: <ul style="list-style-type: none"> 1. Exercise and Fitness Knowledge 2. Exercise to Music Learners should achieve the Exercise and Fitness Knowledge unit before enrolling on the Exercise to Music unit
Learning Outcomes:	<ol style="list-style-type: none"> 1. Instruct safe and effective exercise to music, and body conditioning classes 2. Describe the physiological, psychological, and social benefits of participation in a range of exercise to music classes 3. Demonstrate effective cueing skills, use of appropriate safety and teaching points, voice projection, motivational techniques and demonstrations 4. Identify the music and tempo for exercise to music classes and demonstrate good rhythm and co-ordination and timing 5. Identify and demonstrate a variety of choreographic methods 6. Demonstrate the ability to teach routines that are planned to use the music beat and phrasing 7. Provide adaptations and progressions for all of the movements used 8. Apply the principles of programme planning to the design of exercise to music classes
Number of Learning Hours:	60 hours: Covered over 4 weekends

<p>Summary of Content:</p>	<p>Screening Verbal screening; screening forms Exercise to music warm-up and cool down Principles of warm-up and cool-down; phases of a warm up; use of music; instructional skills Cardiovascular phase Session planning; training zone; wave effect; methods of measuring intensity; use of music; exercise selection; methods of choreography; verbal and visual cueing; adaptations and progressions Body conditioning Phases of a body conditioning class; benefits of body conditioning; exercise selection; use of music; adaptations and progressions; observation and correction; instructional skills</p>
<p>Method of Assessment:</p>	<p>30 minute practical assessment to include:</p> <ol style="list-style-type: none"> 1. Warm up 2. Aerobic component 3. Body conditioning component 4. Cool down <p>Production of session plans for all phases of the class and completion of self-evaluation document.</p>

2.3 Locations

Please provide details of any partnership, consortium, sub-contracting or franchise arrangements linked to the above programme(s) outlining the roles and responsibilities of each Training Organisation. Please complete a table for each site from which the programme(s) will be offered and from which assessments will be carried out outlining the roles and responsibilities of each:

Site name:	
Contact name for programme(s) at the site:	
Address of the site:	
Country:	
Main telephone number for the site:	
Main fax number for the site:	
E-mail address for the site contact:	
Roles and responsibilities of the site relating to the programme(s) :	

Site name:	
Contact name for programme(s) at the site:	
Address of the site:	
Country:	
Main telephone number for the site:	
Main fax number for the site:	
E-mail address for the site contact:	
Roles and responsibilities of the site relating to the programme(s) :	

Site name:	
Contact name for programme(s) at the site:	
Address of the site:	
Country:	
Main telephone number for the site:	
Main fax number for the site:	
E-mail address for the site contact:	
Roles and responsibilities of the site relating to the programme(s) :	

2.4 Staff Resource

Please provide the name and title of the person responsible for the management of the delivery of the programme(s) along with their contact details:

Name:	
Job title:	
Team name:	
Address:	
Postal Town:	
Postcode:	
Country:	
Individual/team e-mail address:	
Individual/team telephone number:	
Individual/team fax number:	

2.5 Quality Assurance Contact Details

Please provide the named point of contact for quality assurance of the programme(s):

Name:	
Individual/team e-mail address:	
Individual/team telephone number:	
Individual/team fax number:	
Please identify the number of personnel involved in the delivery and quality assurance of the programme(s):	

2.6 Delivery and Quality Assurance Team

Please provide the following details for each of the personnel involved in the delivery, assessment and quality assurance of the programme(s) (please insert additional tables if required):

Name:	
Roles and responsibilities:	
Technical qualifications:	
Teaching qualification:	
Please identify which programme(s) the staff member will be involved with:	
Please identify whether the staff member will act as a Tutor and/or Assessor:	

Name:	
Roles and responsibilities:	
Technical qualifications:	
Teaching qualification:	
Please identify which programme(s) the staff member will be involved with:	
Please identify whether the staff member will act as a Tutor and/or Assessor:	

Name:	
Roles and responsibilities:	
Technical qualifications:	
Teaching qualification:	
Please identify which programme(s) the staff member will be involved with:	
Please identify whether the staff member will act as a Tutor and/or Assessor:	

Name:	
Roles and responsibilities:	
Technical qualifications:	
Teaching qualification:	
Please identify which programme(s) the staff member will be involved with:	
Please identify whether the staff member will act as a Tutor and/or Assessor:	

2.6 Delivery and Quality Assurance Team (continued...)

Name:	
Roles and responsibilities:	
Technical qualifications:	
Teaching qualification:	
Please identify which programme(s) the staff member will be involved with:	
Please identify whether the staff member will act as a Tutor and/or Assessor:	

Name:	
Roles and responsibilities:	
Technical qualifications:	
Teaching qualification:	
Please identify which programme(s) the staff member will be involved with:	
Please identify whether the staff member will act as a Tutor and/or Assessor:	

Name:	
Roles and responsibilities:	
Technical qualifications:	
Teaching qualification:	
Please identify which programme(s) the staff member will be involved with:	
Please identify whether the staff member will act as a Tutor and/or Assessor:	

Please attach CVs for all members of staff with this application.

Please also complete the Human Resources Summary overleaf to include signatures of all staff – this can be provided on the evaluation or first external verification visit, if not submitted with this application.

2.7 EHFA Human Resources Summary

Training Organisation Name: _____

List the name of all teaching, assessment and quality assurance team members. Please give a brief description of each person's role and indicate which programmes and assessments they will be involved with.

Teaching Qualification(s) Please identify which teaching qualification(s) the staff member holds	Technical Qualification(s) Please identify which technical qualification(s) the staff member holds	Job Role	Schemes (programmes and assessments the team member will be involved with)	*CV sent to EHFA

***Tick to indicate submission of CVs**

2.8 Staff Related Declarations

Please tick the boxes below to declare that the Training Organisation will:

		✓
Undertake to provide staff with appropriate inductions and continuous professional development to ensure staff can maintain their expertise and competence for the programme(s)		
Undertake to supply staff CVs and other evidence to EHFA in a timely manner upon request		
Understand that any misleading information provided above, and/or failure to supply CVs and other evidence upon request, may prevent approval being granted and possibly impact on approval status		
Ensure that any staff hired will be appropriately qualified		

2.9 Appropriate Physical Resources

Please tick the boxes below to declare that the Training Organisation will:

		✓
Undertake to use buildings that provide access for all candidates for programme delivery and assessment purposes, in accordance with relevant legislation and any successor legislation		
Ensure that it has the full range of relevant specialist equipment required for the programme(s) for which it is applying for approval, as per the programme specification		

Please complete one Physical Resources Checklist overleaf for each venue that is used.

2.10 EHFA Physical Resources Checklist

Name of Venue:	Address:
----------------	----------

We confirm that these facilities meet relevant health and safety legislation.

Teaching areas, theory and practical

In general all areas must have adequate lighting, heating and ventilation. They should be free from distractions and have enough space to hold the number of candidates on the programme.

Theory	Size and Capacity
Theory area one	
Theory area two	
Other theory areas	

Practical	✓ if available	Size and Capacity	Mirrored Wall	Sprung Floor
Dance studio			Yes/No	Yes/No
Free weights area			Yes/No	Yes/No
Fixed resistance machines area			Yes/No	Yes/No
CV machines area			Yes/No	Yes/No
Fitness assessment area			Yes/No	Yes/No
Sports hall			Yes/No	Yes/No
Swimming pool			Yes/No	Yes/No
Other practical area			Yes/No	Yes/No

Teaching aids, exercise to music, core stability and free weights equipment

Teaching Aids	Quantity/Accessibility/Location or Storage
Chairs	
Tables/desks	
PowerPoint	
Interactive whiteboard	
Dry wipe board or chalk board	
Flip Chart	
Overhead projector	
Television/DVD/Video	

Exercise to Music and Core Stability Equipment	Yes/No	Quantity
Music system		
Exercise Mats		
Steps		
Hand weights		
Tubing/bands		
Stability balls		

Free Weights Equipment	Yes/No	Quantity
Practice barbells		
Practice dumbbells		
Benches		

Equipment - cardiovascular machines and fixed resistance machines

Cardiovascular Machines	Yes/No	Quantity	Manufacturer
Step machine			
Treadmill			
Upright cycle			
Recumbent cycle			
Rowing machine			
Elliptical machine/ cross trainer			

Fixed Resistance Machines	Yes/No	Quantity	Manufacturer
Low pulley			
High pulley			
Chest press			
Pec dec			
Seated row			
Shoulder press			
Lat pull down			
Pullover			

Equipment - cardiovascular machines and fixed resistance machines (continued...)

Fixed Resistance Machines	Yes/No	Quantity	Manufacturer
Back extension			
Abdominal curl			
Leg press			
Leg curl			
Leg extension			
Triceps extension			
Biceps curl			
Abduction machine			
Adduction machine			

Equipment for Client Appraisal and Aqua

Client Appraisal	Yes/No	Quantity	Manufacturer
Cycle ergometer			
Dynamometer			
Sphygmometer			
Skin fold callipers			
Heart rate monitor			
Tape measures			
Stop watch			
Weighing scales			
Height scales			
Sit and reach board			
Other			

Aqua	Yes/No	Comments
Life guard cover	Yes/No	
Music system with industrial standard circuit breaker	Yes/No	
Adequate shallow end with minimum depth of 1.25m	Yes/No	Shallow and depth Deep end depth
Pool size	Dimensions	
Pool temperature reaches minimum legal requirements	Yes/No	Average temperature

General facilities

General	Yes/No	Size and Capacity	Comments
Female changing			
Male changing			
Lockers			
Toilets			
Refreshments			
Drinking water			

Health and Safety

Health and Safety	Yes/No	Notes and Comments
First aiders		Name(s)
Fire and emergency procedures displayed		
Public telephone accessible		
First aid kit		
Access for disabled persons		

2.11 Proposed candidate intake

Please provide details of the Training Organisation's proposed candidate intake for the time the programme(s) will be offered:

Year 1	
Year 2	
Year 3	
Additional information:	

Part 3: Programme Delivery and Content

3.1 Delivery Method

Please indicate your intended method of delivery:

Method of delivery:	✓ as appropriate:
Direct delivery (programme taught)	
Blended/Distance Learning	

Please indicate in the table below **how** your Blended/Distance Learning Programme will incorporate the following:

Blended/Distance Learning Programme should include:	Please provide details of how this will be achieved:
Initial Assessment to ensure that the programme and mode of delivery is appropriate to the needs of the candidate	
Induction and Learning Materials:	
Specialist Tutor Support:	
General Support:	
Counselling and Guidance:	
Access to Additional Learning Support:	
Clear identification of delivery method in the programme literature and the learning agreement:	
Pre-assessment contact time with a qualified assessor:	