

Faculty Staff Wellness Program Personal Training Application

This application will be reviewed by the Wellness Committee and they will not see your name, only the information provided. This will assist in selecting individuals that are at a stage of readiness and confidence to work successfully with a trainer. You will not need to be a member of the Rec Plex to participate. This application is due by May 9th by 4:30 pm to Theresa Gilbert at +1649. You will be notified if selected for this program by May 20th and must complete sessions by August 26^h.

Name: _____

Email: _____ **Phone:** _____

1. Circle the average number of hours per week you participate in aerobic exercise?

0 1-1.5 2-2.5 3-3.5 4-4.5 5 or more

1a. Type of aerobic activity: _____

2. Circle the average number of hours per week you participate in strength training:

0 1-1.5 2-2.5 3-3.5 4 or more

2a. Type of strength training: _____

3. I have/have not (circle one) worked with a personal trainer

3a. Year participated: _____ **Number of sessions attended:** _____

3b. I prefer to work with a female/male trainer (circle one)

3c. I am available to work with on trainer during these times:

4. Identify the goals that you would like to work on over the four sessions

___ Improve flexibility

___ Increase muscle mass

___ Muscle toning

___ Weight Loss

___ Improve health condition

___ Other

5. Importance and Confidence of Changing: How ready are you to meet the goals you chose above?

Part One: At this moment, how important is it that you achieve your goal? Use the following scale to indicate your importance rating.

0	25	50	75	100
Not important at all	Less important than most other thing I would like to achieve now	About as important as most of the other things I would like to achieve now	More important than most of the other things I would like to achieve now	The most important thing in my life I would like to achieve now

The importance of my goal is _____%

Now ask yourself the following questions:

- Is my goal important enough that I will work to achieve it even if progress is slow or difficult? Yes No**
- Are there competing priorities that could interfere with achieving your goal? No
 Yes please identify these priorities: _____**
- What are your thoughts on how you might handle this to help you meet your wellness goals? _____**

Part Two: At this moment, how confident are you that you can achieve your goal. Use the following scale to indicate your importance rating.

0	25	50	75	100
I do not think I will achieve my Goal	I have a 25% chance of achieving my goal	I have a 50% chance of achieving my goal	I have a 75% chance of achieving my goal	I think I will definitely achieve my goal

I am _____% confident that I will achieve my goal.

Now ask yourself the following questions:

- Considering everything, is your confidence rating realistic? Yes No ; if no, indicate why: _____**

b. Are there any obstacles you might encounter to achieve your goal? Yes_____No; if yes, what are they:_____

c. What are your thoughts on how you might handle these obstacles?

6. Special needs or circumstances pertinent to working with the trainer? Have you recently overcome a significant health challenge and explain how working with a trainer might help you in your progress? (optional question)

7. Any other comments? Please write on back.

Confidentiality:

All personal information provided to Campus Recreation via forms, fitness assessments etc. will be kept within the Personal Training program for your individual use only and will not be shared outside of the department to include Human Resources. Aggregate data may be collected for program assessments purposes that will not have any personal identification indicators connect to it.

Participation:

By participating in the [UD Faculty/Staff Wellness Personal Training Program] participants are expected to adhere to and follow all UD Campus Recreation Guidelines and Policies. These can be read by visiting the following link:

https://udayton.edu/studev/health_wellness/campusrec/about/guidelines-policies.php

To participate in Campus Recreation Personal Training, each participant must complete a Physical Activity Readiness Questionnaire (PAR-Q) and General Health Screening. After completing these forms, a Physicians Clearance to participate in an exercise program may be requested by the trainer. A form will be provided to you that can be completed by your physician. The completed Physicians Clearance will need to be received before any physical exercise lead by Campus Recreation staff can occur. This can be found on the following link:

https://udayton.edu/studev/health_wellness/campusrec/fitness/personal-training/index.php

___ I am Benefit Eligible Staff/Faculty. I agree to pay \$55.00 for 8 sessions with a personal trainer at the Rec Plex (this includes the orientation/assessment session number one - non refundable).

___ If required after completion of Par Q Assessment at Campus Recreation, I am willing to get clearance from my physician to participate.

___ I understand the confidentiality and participation guidelines above.

Signature: _____ **Date:** _____