

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 who 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 January 13th by 4:30 pm to Maci Byers at +1649. You will be notified if selected for this program by February 3rd and must complete sessions by April 28th.

Name: _____

Email: _____ Phone: _____

Age: _____ Gender (Check One): Male Female No response

Have you ever participated in the UD Personal Training Program before? Yes No

(Only new candidates, who have never been selected for the program will be considered)

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 before (at any location or facility)

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

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

3c. The days I am available for sessions are:

Mondays Tuesdays Wednesdays
 Thursdays Fridays Saturdays Sundays

3d. I am available to work with a trainer during these times:

3e. I would like to work with a trainer _____ times a week.

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	I have a 25%	I have a 50%	I have a 75%	I think
Think I will	chance of	chance of	chance of	definitely
Achieve my	achieving	achieving	achieving	achieve
Goal	my goal	my goal	my goal	my goal

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

Now ask yourself the following questions:

a. **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. Please fill-out and include the ParQ provided.

7. Are there any additional special considerations our trainers should be aware of?

8. 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:** _____