

## FUNDAMENTALS AND WHS WORK PLACEMENT LOGBOOK PART 1 | SUBMISSION COVER PAGE

|                 |  |
|-----------------|--|
| Full Name:      |  |
| Contact Number: |  |
| Email:          |  |

### PRE-SUBMISSION: CHECK POINT

- ⇒ Cover sheet including your full name.
- ⇒ Cover sheet signed and dated.
- ⇒ You have engaged and gained at least one (1) Supervisor declaration and they (or one of them) have completed the Supervisor Report.
- ⇒ You have completed and submitted required Teaching hours for this Pathway. *Note: There are not Observation hours required to be logged for Fundamentals.*
- ⇒ Supplementary Evidence (optional): include a **certificate of currency to evidence Insurance**. This applies only to Students who have completed teaching practise from home due to accessibility challenges.

### CANDIDATE SIGN OFF AND DECLARATION OF AUTHENTICITY

My signature below confirms the following:

1. I have read the guidelines and instructions for this logbook submission.
2. I choose to be assessed at this time.
3. I have kept a copy of this logbook for my own records.
4. I understand my logbook will not be returned to me and I will just receive feedback from my Assessor on these tasks.
5. I declare that this logbook is my own work and contains no material written by another person except where I have duly referenced. I am aware that making a false declaration may lead to a "Not Yet Competent" grade being given and or a withdrawal of the qualification.

|                      |  |
|----------------------|--|
| Student's Signature: |  |
| Date of Submission:  |  |

## FUNDAMENTALS AND WHS WORK PLACEMENT LOGBOOK

### PART 2 | SUPERVISOR DECLARATION + FEEDBACK

#### INSTRUCTIONS

A Supervisor is a Pilates Instructor who currently works at an affiliated or host Work Placement Studio and who has witnessed that you have attended; participated; or carried out Work Placement. They ensure that Students gain hands-on experience, provide feedback, and support the Students in applying their theoretical knowledge to real-world scenarios. The Supervisor plays a critical role in assessing the Students' progress and helping them develop their professional skills in a supportive environment.

#### HOW MANY SUPERVISORS CAN I HAVE?

You are required to have a *minimum* of one (1) Supervisor, or you can have multiple over the duration of your Coursework.

Learn more about Work Placement Supervisors in the Knowledge Base Library:

- ⇒ [How to: Find a Work Placement Supervisor.](#)
- ⇒ [What to expect from your Supervisor.](#)
- ⇒ [How to: Ask an Instructor to be your Supervisor.](#)
- ⇒ [What can my Supervisor sign off on?](#)

**SUPERVISOR DECLARATION**

I have the qualification, or Pilates Industry experience to provide third party observation for the above Student's logbook of Instructional activities. I was present when the above Student performed the below activities, and the activity was performed safely and to industry standards.

|                                |  |       |  |
|--------------------------------|--|-------|--|
| Supervisor's Full Name:        |  |       |  |
| Name of Work Placement Studio: |  |       |  |
| Supervisor's Signature:        |  | Date: |  |

**ADDITIONAL SUPERVISOR DECLARATION**

| Supervisor's Full Name | Place of Work (Studio) | Signature | Date |
|------------------------|------------------------|-----------|------|
|                        |                        |           |      |
|                        |                        |           |      |
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## FUNDAMENTALS AND WHS WORK PLACEMENT LOGBOOK

| SUPERVISOR FEEDBACK: STUDENT PARTICIPATION AND PERFORMANCE                                                                                                                                                                                                                                                                                                                                                                                                         |     |        |      |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|------|----|
| SUPERVISOR NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | DATE:  |      |    |
| WORK PLACEMENT STUDIO:                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |        |      |    |
| STUDENT NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |        |      |    |
| COURSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |        |      |    |
| SUPERVISOR SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | DATE:  |      |    |
| <p>Thank you for giving your time as a Supervisor for Students studying a Pilates ITC qualification. We are committed to the continuous improvement of our courses and would appreciate feedback on the Student's participation and performance. Please answer the following questions and your response will be returned directly to the RTO with the Student's logbook submission.</p> <p><i>This feedback is confidential between yourself and the RTO.</i></p> |     |        |      |    |
| FEEDBACK                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES | MOSTLY | SOME | NO |
| Was the student professional in their conduct and approach to completing work experience?                                                                                                                                                                                                                                                                                                                                                                          |     |        |      |    |
| Information regarding supervisor requirements was clear and easy to follow.                                                                                                                                                                                                                                                                                                                                                                                        |     |        |      |    |
| Did the student demonstrate an ability to work with the Fundamental level Pilates repertoire relevant to their course?                                                                                                                                                                                                                                                                                                                                             |     |        |      |    |
| Did the student correctly apply the foundations and concepts and principles of the Pilates Method including neutral positions, breathing, torso stability, progressions and regressions, controversial and contraindicated exercise?                                                                                                                                                                                                                               |     |        |      |    |
| Does the student demonstrate an understanding of postural assessment, common faulty postures and appropriate exercise selection and programming?                                                                                                                                                                                                                                                                                                                   |     |        |      |    |
| Does the student demonstrate an understanding of special conditions and appropriate exercise selection and programming relevant to their course? (Please note, question not relevant to students studying Certificate course).                                                                                                                                                                                                                                     |     |        |      |    |
| Does the student demonstrate a professional working manner whilst in the studio, including professional presentation and behaviour, regular self-mastery (including regular adherence to instructor maintenance protocols)? (Student guidelines are attached for your reference).                                                                                                                                                                                  |     |        |      |    |

|                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Does the student adhere to all WHS Policies and Apparatus Safety Protocols?                                                                                                                                                                                                                                                                     |  |  |  |  |
| Can you give any additional feedback regarding the Student's instructional ability such as use of appropriate cues (visual/verbal/imagery/tactile), teaching position and movement around clients, communication skills (personality, body language, rapport building skills) and ability to monitor appropriateness of program or class plans? |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Do you have any additional feedback and or comments on the questions above or the overall course structure and how you felt the Student progressed and managed requirements whilst under your supervision?                                                                                                                                      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
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**PRE-SUBMISSION: CHECK POINT**

- ⇒ The Supervisor Feedback Form is complete with the Supervisor's name, studio location (workplace), and this form is signed and dated.
- ⇒ The form is complete, and all required boxes are checked.
- ⇒ The form is complete with your full name and Course.

## PART 3 | FUNDAMENTALS AND WHS - TEACHING LOG

#TEACHING HOURS

| WORK PLACEMENT TEACHING HOURS ENTRIES                                                                                                                                                           |                                                                                                 |                                                                                                                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| UNITS OF STUDY                                                                                                                                                                                  |                                                                                                 | Apply Pilates Method fundamentals to Induction and instruction of Pilates<br>Participate in Workplace Health and Safety |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| ENTRY                                                                                                                                                                                           |                                                                                                 | 1                                                                                                                       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Date completed this Teaching Entry:                                                                                                                                                             |                                                                                                 |                                                                                                                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| How did you perform the activity?<br><i>Face to Face (F2F), Co Instruction (CI), Teaching Clinic (TC)</i>                                                                                       |                                                                                                 |                                                                                                                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| How many people did you teach to or assist with?                                                                                                                                                |                                                                                                 |                                                                                                                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| How long did you teach? (hrs)<br><i>Note: you can log multiple hours in the one column (e.g. today I did 3 hours teaching practise)</i>                                                         |                                                                                                 |                                                                                                                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| INSTRUCTIONS: The performance criteria activities 1 – 26 below only require a <u>minimum of two instances</u> to be performed and ticked across the duration of your total your teaching hours. |                                                                                                 |                                                                                                                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 0                                                                                                                                                                                               | Example Performance Criteria                                                                    | ✓                                                                                                                       |   |   |   |   |   |   |   |   |    |    | ✓  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| ENTRY                                                                                                                                                                                           |                                                                                                 | 1                                                                                                                       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 1                                                                                                                                                                                               | Prepared for the class including a risk assessment of the studio space including the equipment. |                                                                                                                         |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

|                         |                   |                    |
|-------------------------|-------------------|--------------------|
| Date & Document Version | 20 May 2025 _V2.0 | Next Revision Date |
| Document Controller     | CW                |                    |

## ENTRY

*Initials only. I declare that what I have recorded is true and understand that Work Placement hours are in preparation for my Practical Assessment.*

*Please initial each entry.*

⇒ A Supervisor.

⇒ A "client". **"Client" defined as:** A person to whom you have taught a duration of Pilates to log one or more teaching hours. Clients can be friends, family and or other Students.

- ⇒ A minimum of two checks must be applied to each activity, 1-54, across the duration of your teaching hours.
- ⇒ All boxes must be checked every time you complete teaching hours.
- ⇒ Upon submission, review to ensure you have the correct cumulative total required to meet the prescribed teaching hours.
- ⇒ Every entry is signed by you.
- ⇒ Every entry is signed by a Supervisor or Client.

PART 4 | FUNDAMENTALS AND WHS – SELF MASTERY LOG

| WORK PLACEMENT HOURS: SELF - MASTERY                                                          |                                                                     |                                               |                       |                    |           |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|-----------------------|--------------------|-----------|
| SELF-MASTERY                                                                                  |                                                                     |                                               |                       |                    |           |
| One (1) hour of Self-Mastery per week over the duration of your study for this unit of study. |                                                                     |                                               |                       |                    |           |
| DATE                                                                                          | CLASS TYPE<br>(Mat – Pregnancy; Ref – Beginner; Ref – Beginner etc) | WORK PLACEMENT STUDIO<br>(WPS) / Online (ONL) | TIME SPENT<br>(Hours) | ACCUMULATIVE TOTAL | SIGNATURE |
| 14/11/24                                                                                      | Mat - Beginner                                                      | ONL                                           | 1 hours               | 1                  | Sign here |
| 20/11/24                                                                                      | Ref – Progressive, Ref - Beginner                                   | WPS                                           | 2 hours               | 3                  | Sign here |
|                                                                                               |                                                                     |                                               |                       |                    |           |
|                                                                                               |                                                                     |                                               |                       |                    |           |
|                                                                                               |                                                                     |                                               |                       |                    |           |
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## FUNDAMENTALS AND WHS WORK PLACEMENT LOGBOOK

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|                                                                                                                                  |                    |  |  |       |  |
| I, the Student declare that I have carried out each hour as recorded and have totalled the required number of observation hours: | STUDENT SIGNATURE: |  |  | DATE: |  |

### WHO CAN SIGN OFF ON MY SELF-MASTERY?

- ⇒ A Supervisor.
- ⇒ The group class or session Instructor, or YOU.

### PRE-SUBMISSION: CHECK POINT

- ⇒ Every line of entry is completed in full.
- ⇒ Every entry is signed and dated where indicated.

### PART 6 | REPERTOIRE AUDIT LOG

This is a working document designed to guide your progress and then document your own mastery. Conduct an audit of your ability to perform the Repertoire in the tables below. Please note any exercises that you are not yet comfortable with at the end of this section. You are only required to audit repertoire relevant to this unit cluster.

|                         | MID – PATHWAY CHECK IN AUDIT                                    |    |                                                             |    | END OF PATHWAY CHECK IN AUDIT                                 |
|-------------------------|-----------------------------------------------------------------|----|-------------------------------------------------------------|----|---------------------------------------------------------------|
| FUNDAMENTALS REPERTOIRE | This exercise is clear to me. I am comfortable at executing it. |    | This exercise is clear to me. I am comfortable teaching it. |    | I am comfortable in executing and teaching this exercise now. |
| INTRODUCTORY            | YES                                                             | NO | YES                                                         | NO | YES                                                           |
| Breathing and Printing  |                                                                 |    |                                                             |    |                                                               |
| Imprinting              |                                                                 |    |                                                             |    |                                                               |
| Pelvic Curl             |                                                                 |    |                                                             |    |                                                               |
| Chest Lift              |                                                                 |    |                                                             |    |                                                               |
| Single Leg lift         |                                                                 |    |                                                             |    |                                                               |
| Supine Twist Supine     |                                                                 |    |                                                             |    |                                                               |
| Hula                    |                                                                 |    |                                                             |    |                                                               |
| Quadruped Position      |                                                                 |    |                                                             |    |                                                               |
| Side Leg Lifts          |                                                                 |    |                                                             |    |                                                               |
| Basic Back Extension    |                                                                 |    |                                                             |    |                                                               |

#### PRE-SUBMISSION: CHECK POINT

- ⇒ At the end of the Pathway, ALL Repertoire must be documented as 'YES': indicating you are comfortable executing and teaching this repertoire.
- ⇒ *Exemption: due to contraindications documented at the point of enrolment, reasonable adjustments or exemptions may have been arranged with the Training Manager. In this instance, please list this for the Assessor's reference.*