

Level 2 Sports Trainers Course

2012



Why become a Level 2 Sports Trainer with Sports Medicine Australia?

The Level 2 Sports Trainers Course is designed to build upon the skills learnt in the Level 1 Sports Trainers course. This course allows trainers to develop their practical skills and knowledge of injury assessment and management. The course delivers units such as Advanced Anatomy, Pre & Post Injury Management and Advanced Taping. Alongside this, new topics are introduced to Trainers including Injury Rehabilitation, Introduction to Sports Massage, Care of Child & Mature Age athletes, Care of athletes with Disabilities, and Basic Principles of Sports Psychology of Injured Athletes.



To gain a Level 2 Sports Trainer Accreditation a Trainer can complete the course either in full over two straight days or in a four module format. Modules are open to anyone to attend, even those not seeking to gain a Level 2 Sports Trainers Accreditation.

Pre-requisites for Level 2 Sports Trainers Accreditation: Accredited Level 1 Sports Trainer for 12 months or equivalent to one full season*, and a minimum of a current Applied First Aid (Senior First Aid) certificate including CPR.

*Note: Modules can be undertaken during first 12 months. However, accreditation will not be processed until 12 months has been completed.

Course Information

Full Course - (Registrations limited)

18 – Fri 6th, Sat 7th & Sun 8th January

Venue: Wakefield Sports Clinic / Sportsmed SA

19 – Fri 23rd, Sat 24th & Sun 25th March

Venue: Renmark

Course Fees

ABN: 35 446 122 543

Level 2 Sports Trainers Course price - \$330.00

National Pharmacies Member price - \$264.00



Registration

Name: _____

Address: _____

Suburb/Town: _____ Postcode: _____

Phone: _____

Email: _____

National Pharmacies #: _____

Venue: _____

Direct Bank Deposit:

Account: Australian Sports Med Fed SA Branch Inc

BSB: 015-214 Account No: 4014 50838

Message / Reference: L2 + Your Surname

Cheques to: Australian Sports Medicine Federation (SA Branch) Inc

Credit Card MasterCard Visa

Card # _____ - _____ - _____ - _____

Expiry Date: _____ - 20____ CVV# ____ __ __

Card Name: _____

Signature: _____

Return forms to: Sports Medicine Australia SA Branch
PO Box 219, BROOKLYN PARK SA 5032

Online Registration & Payment available visit www.smasa.asn.au#