

AUSTRALIAN KINESIOLOGY ASSOCIATION INC.

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Clinical Mentor Record Form

This form is to be completed by Mentors as a record of mentoring completed <u>and</u> for CPE points. One (1) CPE point to be awarded to approved AKA Clinical Mentors for each hour of supervised clinic for students/practitioners, capped at 10 points per year.

Mentor Name:	Mentor's Qualification:	
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A mentor cannot provide mentoring for a student/practitioner above the mentor's level of qualification.

Please ensure that the following items are discussed for all mentoring sessions:

- 1. Evaluation and review of the kinesiology balance (from the student/practitioner)
- 2. What modalities were used, e.g. Touch For Health, Brain Gym, LEAP
- 3. What went well?
- 4. What could be improved?
- 5. What difficulties were faced?
- 6. Did the client feel/notice a difference? (using the scale 0-10 before and after the balance)
- 7. Any other feedback from the client?
- 8. Questions from Student/Practitioner
- 9. Evaluation of Student's/Practitioner's ability in the modalities used

See next page for responsibilities of the Mentor and Student/Practitioner.

Mentor Responsibilities

- 1. The Mentor's form records of the mentoring session must match the Student/Practitioner's records.
- 2. The Mentor **must not** mentor anyone **above** their own qualification level.
- 3. The Mentor must ensure that they keep a separate record of the information discussed in the mentoring session for auditing purposes, outlining the questions above and their outcomes/answers.
- 4. The Mentor must ensure that they cover <u>all</u> the questions listed above (minimum) in a mentoring session.

Student/Practitioner Responsibilities

- 1. Your records of your mentoring session (on the attached spreadsheet) must match your Clinical Mentor's records.
- 2. Ensure that your mentor is qualified (as per Supervised Clinic and Mentoring Guidelines) at or above your level. For example:
 - a. If you are a student, your mentor can be:
 - i. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice or above; or
 - ii. A Clinical Supervisor
 - b. If you are a Level 1 Practitioner, your mentor can be:
 - i. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice or above; or
 - ii. A Clinical Supervisor
 - c. If you are a Level 2 Practitioner, your mentor can be:
 - i. Qualified at Diploma in Kinesiology, Level 2 Practitioner, Level 5 Practitioner all with 2 years clinical practice or above; or
 - ii. A Clinical Supervisor
 - d. If you are a Level 3 Practitioner, your mentor can be:
 - i. Level 3 Practitioner or Level 6 Practitioner; or
 - ii. A Clinical Supervisor
- 3. As per the Supervised Clinic and Mentoring Guidelines, the student/practitioner is required to conduct kinesiology sessions for a minimum of 40 clients, 10 of whom must be seen for a minimum of three (3) sessions. These clients must include both males and females of varying ages with various presentations.
- 4. It is the responsibility of the student/practitioner to keep records of the mentoring discussions for auditing purposes, outlining the questions above and their outcomes/answers.

Please note: These hours are strictly for kinesiology balances performed on members of the general public and not student to student practice.

Mentor Name: Mentor Signature:	Qualification:
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Date (of Mentoring session)	Allocated time for mentoring session	Student/ Practitioner Name	Student/ Practitioner Signature	Kinesiology Balance Details Date, Client Name, Modalities used	How was mentoring performed e.g. Skype, Face to Face, Phone Consultation etc.	# Hours Mentored (Time taken to perform balance)	Record of mentoring session (kept for audit purposes)
7/11/15	- 30 minutes	Jenny Brown	JBrown	22/10/15, Bert Anders, TFH	Face to Face	1 hour	Yes
7/11/15		Jenny Brown	JBrown	23/10/15, Leonie Crane, Brain Gym	Face to Face	1.5 hours	Yes
15/11/15	15 minutes	Bruce Hicks	BHicks	14/11/14, D. Flynn, Chakra balance	Phone	1 hour	Yes

Mentor Name:		Mentor Signature:		Qualification:			
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Total Hours Mentoring Provided Please print off extra forms as required							