



# AUSTRALIAN KINESIOLOGY ASSOCIATION INC.

Mail: PO Box 233 Kerrimuir VIC 3129 Email: enquiries@aka.asn.au  
Tel: 1300 780 381 / (03) 9898 7406 Fax: 03 9898 7681 www.aka.asn.au

## APPLICATION FOR GRANDFATHERING INTO THE NEW AKA PRACTITIONER STANDARDS

Please check that you are supplying all the required information.

- I have attached a non-refundable application fee
- \$33 Level 4 –Kinesiology Intermediate Practitioner
- \$55 Level 5 –Kinesiology Professional Practitioner
- \$77 Level 6 –Kinesiology Specialist Practitioner

### Personal Details (personal information is for AKA records only)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**TOTAL AMOUNT PAID: \$** \_\_\_\_\_ *application fee is non-refundable*

EFT to **Commonwealth Bank** BSB **063115** Account **10301776**

Date Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Name & Surname must appear in the description/reference – Limit of 18 characters.***

Mastercard  Visa  Cheque  Money Order *Pay AKA Inc. OR Australian Kinesiology Association*

Name on card:

Signature:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_



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### I am currently

- Level 1 – Registered Kinesiology Practitioner
- Level 2 – Registered Specialised Kinesiology Practitioner
- Level 3 – Registered Advanced Kinesiology Practitioner

### I am applying for

- Level 4 – Kinesiology Intermediate Practitioner
- Level 5 –Kinesiology Professional Practitioner
- Level 6 –Kinesiology Specialist Practitioner

I am eligible to use the grandfathering clause

AKA Mentoring form(s)

A copy of your certificate of currency for Professional Indemnity Insurance (min. \$1-2 million) must be supplied if you are a current Level 1-Registered Kinesiology Practitioner applying for transition into Level 4, 5 or 6.

- Professional Indemnity Insurance is compulsory for all the new membership levels (Level 4, 5, and 6). The AKA will not be held accountable in any liability issues. Arthur J Gallagher is the official insurance company recommended by the AKA. Please contact the AKA regarding special prices for AKA members

I understand all information I submit shall be kept confidential. I hereby certify that all the information submitted in this application to be true and correct. I understand that this initial application is not acceptance of membership until I have been formally invited in writing by the AKA.

Signature: .....

Date: .....



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- Current AKA Practitioner Level 1: To transition into Level 4 is to meet the first 40 hr/p.a of the 200 hrs "Mentored Clinic" required by 6 August 2017.
- Current AKA Practitioner Level 2: To transition into Level 5 you must meet the full 200 hrs "Mentored Clinic" by 6 August 2017.
- Current AKA Practitioner Level 3: To transition into Level 6 you must meet the full 200 hrs "Mentored Clinic" by 6 August 2017.

Date joined AKA association: \_\_\_\_\_ Please log into your AKA profile (username name (your email address) and password) via the AKA website [www.aka.asn.au](http://www.aka.asn.au) go to "member since" to determine date joined the AKA association.

<b>NEW AKA PRACTITIONER LEVEL</b>	<b>PRO RATA (1.67HRS/MTH) USING GRANDFATHER POLICY (A)</b>	<b>PROOF OF MENTORING CPE ( 1CPE = 1HR MENTORING) (B)</b>	<b>TOTAL (=A + B)</b>	<b>NUMBER OF MENTORED CLINIC HOURS REQUIRED (HR)</b>	<b>APPROVAL</b>
<b>LEVEL 4</b>				<b>MINIMUM 40 P.A UNTIL 200 IS MET</b>	
<b>LEVEL 5</b>				<b>200</b>	
<b>LEVEL 6</b>				<b>200</b>	

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PRB CHAIRPERSON**



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### **THIS CHECKLIST MUST BE READ AS PART OF APPLICATION**

#### *Payment by cheque*

- ✓ Payable to 'AKA Inc.' or 'Australian Kinesiology Association'.
- ✓ Company/Bank Cheque/Money order please print your name on the back of the cheque.

#### *Payment by bank transfer*

- ✓ NOTE bank details. **Only use the details on the application form.**
- ✓ Remember to include your name in the description / reference section – Limit of 18 characters.
- ✓ Paperwork must be **posted or faxed without delay once the EFT is complete.**
- ✓ **Disclaimer:** Payments without full details cannot be processed.

#### *Payment by credit card*

- ✓ Card type, card number, expiry date, name and signature must be included. Please ensure all details are correct as you will be responsible for any bank fees we incur because of an invalid card number. Card user must be 18 years or over.
- ✓ Ensure that your card remains current for the month you are paying this account.