



AUSTRALIAN KINESIOLOGY ASSOCIATION INC.

Mail: PO Box 233 Kerrimuir VIC 3129 Email: enquiries@akakinesiology.org.au

Tel: 1300 780 381 / (03) 9898 7406 Fax: 03 9898 7681 www.aka.asn.au

KINESIOLOGY PRACTITIONER REGISTRATION

FULL MEMBER APPLICATION / RENEWAL 2015-2016

THIS IS A 2 PAGE DOCUMENT TO BE COMPLETED IN FULL

PLEASE PRINT CLEARLY – REFER TO CHECKLIST ATTACHED BEFORE SENDING.

If your membership renewal/application is not approved, your membership fee will be refunded.

Personal Details (personal information is for AKA records only)

First Name: _____ **Surname:** _____

Residential Address: _____ **State:** _____ **P/code:** _____

Postal Address: _____ **State:** _____ **P/code:** _____

Email: _____

Website: _____

Home Phone: _____ **Mobile Phone:** _____

Clinic 1 Name/Address: _____

Clinic 1 Phone: _____

Clinic 2 Name/Address: _____

Clinic 2 Phone: _____

Clinic 3 Name/Address: _____

Clinic 3 Phone: _____

Items marked ** are health fund compulsory - Items marked ++ are AKA compulsory

Current Membership Level: **Level 1 (RKP)** **Level 2 (RSKP)** **Level 3 (RAKP)**

I have enclosed copies of the following documents:

**** Professional Indemnity Insurance (min. \$1-2 million) see checklist** Expiry Date: ____ / ____ / ____

**** ++ Current Provide First Aid certificate HLTAID003** Expiry Date: ____ / ____ / ____

**** ++ CPE Record Form Attached see checklist for download link** Expiry Date: ____ / ____ / ____

*CPE supporting documents are **not required until requested**. AKA conducts random Audits and documents are to be submitted upon request otherwise penalties and exclusions apply. See checklist for details.*

Diploma of Kinesiology HLT51507 (If applicable for certain health funds) AKA already has a copy

**** Health fund providers – your personal details are released to health funds as required. Some health funds may list your clinic details on their website.**

++ Your AKA practitioner profile automatically appears on the AKA website under “Find a Practitioner” search function. It is your responsibility to review/customise your privacy settings in your profile.



PRACTITIONER REGISTRATION

.....continued from page 1

Name: _____

Membership Fee of \$192.50 (GST Inc) for membership year 1 July 2015 to 30 June 2016 .
Late fee of \$44 applies to payments received after 30th September.

Add \$33 (optional) for seasonal b/w copy of In Touch magazine to be posted to you (online access is free)

TOTAL AMOUNT PAID: \$ _____ *membership fees are 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: ____ / ____

Post, Fax or Scan to AKA Office

PO Box 233 Kerrimuir VIC 3129 – Fax: 03 9898 7681 – Email: enquiries@aka.asn.au

You must complete, sign and date this section to validate your application or it will be refused.

Have you been convicted of a criminal offence? Yes No

Have you had a complaint made against you that has been discussed by a complaints or disciplinary body?
 Yes No

Are you subject to any disciplinary or legal procedures relating to your practice? Yes No

Have you ever been refused membership or been expelled from another association Yes No

If you answered Yes to any of the above, you must provide full written details with your application.

I declare that the information in this application and supporting documentation is true and correct. I declare that I have obtained information from the AKA website: www.aka.asn.au – in particular “About Us” and Membership” and have read and agree to abide by the AKA Constitution & Bylaws, AKA Codes of Conduct, Ethics and Practice and AKA policies and to provide the highest professional conduct in all aspects of my Kinesiology practice.

Signature: _____ Date: ____ / ____ / ____



AUSTRALIAN KINESIOLOGY ASSOCIATION INC.

Mail: PO Box 233 Kerrimuir VIC 3129 Email: enquiries@akakinesiology.org.au

Tel: 1300 780 381 / (03) 9898 7406 Fax: 03 9898 7681 www.aka.asn.au

THIS CHECKLIST MUST BE READ AS PART OF APPLICATION

You must return a completed and signed renewal form to the Australian Kinesiology Association office to validate your renewal.

No paperwork = NO MEMBERSHIP Payments received after 30th September incur a \$44 late fee

Your membership application / renewal cannot be processed if any details are incorrect or incomplete. Include copy of your CPE Record Form / First Aid Certificate (if due) with renewal otherwise application will be delayed or refused.

Download a copy of the CPE form from: [www.akakinesiology.org.au / resources/ documents](http://www.akakinesiology.org.au/resources/documents) **OR cut/paste this link:** <http://akakinesiology.org.au/Default.aspx?pageId=561058>

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.

Except for health fund providers, Professional Indemnity Insurance is not yet a requirement of membership. However the AKA strongly urges and recommends all practitioners and instructors to protect themselves in the event of potential liability issues. 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.

Note that just the CPE record form is required at this stage. *CPE supporting documents are not required until requested.* The AKA will perform random audits throughout the year to ensure that this requirement is being met. Failure to supply supporting documentation when requested may result in suspension of membership including termination of Health Fund Rebates and Professional Indemnity insurance (if applicable).

Take some time to login to the website at www.aka.asn.au and update your details. How to login: type your email address in the top right bar display. If you have forgotten your password, click 'forgot password' and you will be directed to the relevant area to create a new password. Select 'View Profile'.

Please ensure you have read about the AKA's new practitioner standards to be effective from 7 August 2017. Contact the AKA office to check details about how you will qualify for both grandfathering and transition policy provisions.

Kind Regards,

The Australian Kinesiology Association Inc