



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

STUDENT APPLICATION FOR TRANSITIONING INTO THE NEW AKA PRACTITIONER STANDARDS

Please check that you are supplying all the required information.

I have attached a non-refundable application fee (new application or upgrade):

\$33 Level 4 –Kinesiology Intermediate Practitioner

\$55 Level 5 –Kinesiology Professional Practitioner

I have attached the relevant documents below:

Copy of Certificate IV or Diploma Certificate, and Academic transcript

Copy of first aid certificate

(Provide First Aid HLTAID003 or Apply First Aid HLTF311A/HLTF301B/C)

Date of Expiry.....

AKA Mentoring form(s)

I have signed the declaration

I am including payment of my annual AKA membership fee of **\$192.50** or the pro-rata fee based of \$110 (pro-rata from 1 January to 30 June) OR \$66 (pro-rata from 1 April to 30 June). (I understand that if my membership application is unsuccessful the membership fee will be fully refunded).

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

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/HLTF311A Expiry Date: ____ / ____ / ____

** 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.

Studied at Accredited College:



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I am applying for

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

I am eligible to use the grandfathering clause (must have joined as a AKA student member **before 31 July 2015** to be eligible for grandfathering)

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:** _____

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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- CPE is not required for applicants applying within 2 years of graduation. Contact office otherwise.
- Professional Indemnity Insurance Policy cannot be obtained until membership is confirmed.
- A student member transitioning into Level 4: Must meet current AKA Level 1 practitioner standards (Cert VI) plus: 50 hrs of communication, a minimum of 40 hr p.a. of the required 200 hrs "Mentored Clinic" and professional indemnity and public liability insurance.
- Student member transitioning into Level 5: Must meet current AKA Level 2 practitioner standards (Diploma) plus 200 hrs "Mentored Clinic".

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 go to "member since" to determine date joined the AKA association.

NEW AKA PRACTITIONER LEVEL	COPY OF CERT VI/ DIPLOMA PLUS ACADEMIC TRANSCRIPT	PRO RATA (1.67HRS/MTH) USING GRANDFATHER POLICY (A)	PROOF OF MENTORING CPE (1CPE = 1HR MENTORING) (B)	TOTAL (=A + B)	NUMBER OF MENTORED CLINIC HOURS REQUIRED (HR)	APPROVAL
LEVEL 4					MINIMUM 40 P.A UNTIL 200 IS MET	
LEVEL 5					200	

Signed: _____

Date: _____

PRB CHAIRPERSON

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PRACTITIONER REGISTRATION

Name: _____

Membership Fee of \$192.50 (GST Inc)

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: ____ / ____ / ____



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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.

Finally

- ✓ Ensure that you have signed and completed the declaration at the bottom of the renewal form.

Professional Indemnity Insurance is compulsory.. 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.