

## AIK LTD MEMBERSHIP APPLICATION FORM 2017

### Membership Details

Please tick appropriate box

I'm applying for the following membership level

**New application**

Associate  
Student  
Standard  
Registered

**Renewal after membership ceased  
(to be treated like a new application)**

Registered Professional  
Registered Specialist Professional  
Associate Fellow  
Fellow

### Applicant Details

**Privacy Act 1988 (Cth) applies.** If applicable, for the purpose of private health insurance provider recognition, the following information on this page will be disclosed to Health Funds which accept The AIK Ltd members with **Registered Professional Membership and above**. Do you consent: YES  NO

Title: Mr  Mrs  Ms  Miss  Dr

**First Name:** ..... **Surname:** .....



**Main Clinic Name:** .....

**Clinic Address** (complete address):.....

..... State:.....PC .....

**Clinic Name 2:** .....

Clinic Address (complete address): .....

..... State:.....PC .....

**Clinic Name 3:**.....

Clinic Address (complete address): .....

..... State:.....PC .....



**Postal Address:** (if same as Main Clinic Address, please leave blank) .....

..... State:.....PC .....



Date of Birth:..... A.B.N:.....

**Contact:** Work ☎ ..... Mobile ☎ .....

E-mail ✉ .....  
.....

**My Email and Work Phone are to be listed on the Members List available to the public on the AIK Ltd website (offer not valid to Associate & Student Members):** YES  NO

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### Your Kinesiology qualifications

Cert IV in Kinesiology HLT42807 or HLT42812:      **YES**     copy attached:    **YES**   
 Diploma in Kinesiology HLT51507 or HLT52415:    **YES**     copy attached:    **YES**   
 Other accredited Kinesiology course qualifications: **YES**     copy attached:    **YES**

### Membership Levels

Level	Kinesiology	A&P	Communication	Business Management	Nutrition	Total
<b>Associate</b>	Not required to present any supporting documents to join, joining as a supporter of Kinesiology					
<b>Student</b>	Must present evidence of being enrolled in an AIK Ltd accredited course at time of application					
<b>Standard</b>	150	20	10	10	10	<b>200</b>
<b>Registered</b>	200	50	20	10	20	<b>300</b>
<b>Registered Professional</b>	450	100	40	25	35	<b>650</b>
<b>Registered Specialist Professional</b>	1000	150	60	30	75	<b>1315</b>
<b>Associate Fellow</b>	1000	150	60	30	75	<b>1315</b>
<b>Fellow</b>	1000	150	60	30	75	<b>1315</b>

### Kinesiology Course Training for Recognition – other accredited course qualifications

The following are the workshops and training hours I have completed in Kinesiology courses and Associated Health courses:

**Relevant Certificates of Competency** for Kinesiology and Associated Health courses **are attached** and **academic transcripts** and **evidence of hours** studied are **also attached** for Anatomy and Physiology; Nutrition; Communication/Counselling; Practice/Business Management (if applicable).

Name of Core Kinesiology Courses	Instructor/College	Date obtained	Hours <small>(must be Proficiency assessed)</small>

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**First Aid** (Mandatory for all members except for Associate Members)

Please attach a copy of your current Provide First Aid Certificate HLTAID003. My certificate is attached: YES  NO

**CPR** My CPR is expired / valid to ..... If expired, my current certificate is attached: YES  NO   
(HLTAID001 Provide CPR forms part of HLTAID003 and is only valid for 1 year. If expired, it has to be renewed separately. If expired and not renewing, pls check with your insurance provider to make sure that you are covered. A current CPR Certificate is MANDATORY for Registered Prof. members who would like to be registered as a provider with HCF healthfunds and meet their qualification requirements.)

**Insurance** Please attach a copy of your Certificate of Currency of Insurance.

My certificate is attached: YES  NO  / I have not obtained insurance yet:   
(Public Liability min cover \$10M, Professional Indemnity cover: Mandatory for Standard (\$1M) / Registered (\$1M) / Registered Professional (\$2M) / Registered Specialist Professional (\$2M) Fellow (\$2M) / Associate Fellow (\$2M) / Life Members (\$2M))

**Working with Children Check/Blue Card**

Please attach a copy of your current Working with Children Check/Card or equivalent, or provide proof of exemption.

My copy of my card is attached: YES  NO  / I have not obtained (as I do not work with children):

I am aware of the legislation in my state pertaining to this requirement as a Kinesiologist YES  NO   
(For Standard / Registered / Registered Professional / Registered Specialist Professional / Fellow / Associate Fellow / Life members – not mandatory)

**Other membership path accepted by The Institute**

**Australian Kinesiology Association Inc:** a copy of your current AKA Membership Certificate is required to request eligibility if applicable. You are also required to complete this application form and provide your supporting documents.

**My current AKA Level:** ..... My certificate is attached: YES  NO

**Payment**

I have arranged payment of my membership and admin fees: YES  Amount: .....

Payment method: EFT  If EFT payment, please attach your remittance receipt / Date payment made: .....

Payment method: Cheque / Money Order

**Professionalism**

Have you ever been convicted of a criminal offence in Australia or	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Been investigated for alleged professional misconduct or	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you received a Prohibition Order from any State or Territory Authority Body or	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Been refused membership of any professional membership body	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**If you must answer “Yes” to any of the above, please provide details to accompany your application.**

### DECLARATION

I, .....(full name), hereby confirm that the details included in this application

form dated this .....and my supporting documents to be true and correct.

As a member of the Australian Institute of Kinesiologists Ltd. (“The Institute”) I agree to abide by the Constitution and By-Laws.

**As a Member of The Institute (at any level), I shall at all times abide by The Institute Code of Ethics and Conduct.**

While I am a Student Member / Standard Member / Registered Member / Registered Professional Member / Registered Specialist Professional / Fellow Member / Associate Fellow Member / Life Member, I will maintain a current Provide First Aid Certificate (HLTAID003) / CPR (HLTAID001) Certificate and provide evidence.

While I am a Standard Member / Registered Member, I will maintain Professional Indemnity insurance cover (min \$1M) and Public Liability cover (min \$10M) and provide evidence.

While I am a Registered Professional Member / Registered Specialist Professional Member / Fellow Member / Associate Fellow Member / Life Member, I will maintain Professional Indemnity insurance cover (min \$2M) and Public Liability cover (min \$10M) and provide evidence.

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### DECLARATION CONTINUED

Continuing Professional Education (CPE) has become a necessary part of a professional's life. The purpose of CPE is to ensure Professional Practitioners regularly update their clinical skills and professional knowledge. It is a commitment to updating and furthering one's education. This is also mandatory for private health insurance provider recognition.

While I am a Standard Member, I will undertake CPE to gain 5 points each year and provide evidence at the time of my renewal of membership.

While I am a Registered Member, I will undertake CPE to gain 10 points each year and provide evidence at the time of my renewal of membership.

While I am a Registered Professional Member / Registered Specialist Professional Member / Fellow Member / Associate Fellow Member / Life Member and in order to be recognised as a private health insurance provider, I will undertake CPE to gain 20 points each year and provide evidence at the time of my renewal of membership.

While I am a Standard Member / Registered Member / Registered Professional Member / Registered Specialist Professional Member / Fellow Member / Associate Fellow Member / Life Member, I will maintain a current 'Working with Children Check' (or equivalent) when working with children in my practice.

While I am a Registered Professional Member / Registered Specialist Professional Member / Fellow Member / Associate Fellow Member / Life Member, I understand that it is the Health Funds who will acknowledge the eligibility of recognition for their fund of the AIK Ltd member, as per their requirements.



### CODE OF ETHICS AND CONDUCT

1. I shall at all times strive to maintain the highest levels of moral and professional conduct with my clients and the community.
2. I recognise each of my clients as an individual, consisting of mind, body and spirit. I commit to support the development and health of the whole being.
3. As a Kinesiologist with The Institute, I will always provide the highest possible standard of care to my clients.
4. I commit to continually improving and expanding my kinesiology skills, knowledge, understanding and techniques that improve the level of benefit I am able to provide.
5. I shall not denigrate a fellow Kinesiologist or any other allied health professional to another fellow Kinesiologist or in the presence of a client or lay person.
6. I shall conduct myself with respect and courtesy toward another Kinesiologist or practitioner of other health modalities during and outside of business hours.
7. I agree to practice kinesiology in a manner that does not violate State or Commonwealth laws.
8. I shall ensure that any person(s) employed by me or acting as an agent on my behalf shall adhere to the Code of Ethics and Conduct in full.
9. I shall display a copy of the Code of Ethics and Conduct in a prominent position that is visible to all clients.
10. I may be liable to relinquish my membership to The Institute if I am in breach of this Code of Ethics and Conduct, Constitution, or By-Laws of The Institute.

**I have read and understood and agree to comply with the above at all times during my membership with The Institute. I also understand that a membership year starts in January and finishes in December, the Institute reviews memberships annually.**

Signed..... Date.....

**(Membership Applicant to read and sign)**

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