

AIK LTD MEMBERSHIP APPLICATION FORM 2018

Membership Details

Please tick appropriate box	New application	<input type="checkbox"/>	Renewal after membership ceased (to be treated like a new application)	<input type="checkbox"/>
I'm applying for the following membership level	Associate	<input type="checkbox"/>	Registered Professional	<input type="checkbox"/>
	Student	<input type="checkbox"/>	Registered Specialist Professional	<input type="checkbox"/>
	Standard	<input type="checkbox"/>	Associate Fellow	<input type="checkbox"/>
	Registered	<input type="checkbox"/>	Fellow	<input type="checkbox"/>

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  Web 

My Email / Work Phone are to be listed on the Members List available to the public on the AIK Ltd website: YES NO
(Please cross out whatever is not applicable. Offer not valid to Associate & Student Members)

Note: AIK Ltd reserves the right to make appropriate changes to this document as required.

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

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 My current certificate is attached: YES NO

(HLTAID001 Provide CPR is part of First Aid (HLTAID003) training and is only valid for 1 year. If expired, it has to be renewed separately. If it has expired and you choose not to renew, pls check with your insurance provider 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.)

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 – mandatory if you are seeing children in your practice.)

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 NO

Been investigated for alleged professional misconduct or

YES NO

Have you received a Prohibition Order from any State or Territory Authority Body or

YES NO

Been refused membership of any professional membership body

YES NO

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 thisand 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 Standard Member / Registered Member, I will obtain 8 hours of mentoring per membership 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 / Honorary (if in clinical practice) member, I will obtain 5 hours of mentoring per membership year and provide evidence at the time of my renewal of membership.

While I am a member I agree for the AIK Ltd to carry out an internal audit as it relates to my membership, the execution of the Institute's Code of Ethics and my clinical practice/s and to provide additional information and / or evidence as requested. The AIK Ltd conducts internal audits to fulfill healthfund requirements.

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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