

Appendix B – Nominate a Mentor/ Peer Mentor

Please complete this form if you could like to nominate either yourself or another person to be a Mentor. Once this form is completed please send it via email to the AIK Ltd for assessment.

Mentor's Nomination Form

Your Name

Your AIK Ltd Membership number

Nominee's Name

Nominee's Address

Nominee's Telephone/s Mobile

Nominee's Email

Nominee's employment

Nominee's years of experience post training

Nominee's Qualifications

Nominee's qualification as a mentor

Nominee's AIK Ltd Membership Number and Membership Level (If relevant)

.....

.....

I confirm that I am the holder of a current

Professional Indemnity Insurance Policy (pls tick applicable).

Yes

No

Please note that Kinesiology Qualifications, Mentoring Qualifications and a copy of the current Insurance Policy may be requested from the AIK Ltd NE Board upon review of this application or a CV to support the nominated Mentor by the member.

Please email this form to the AIK Ltd at: info@aik.org.au