**Name of Additional Skills Training:** ........................................................ **Date:** ...........................

**Name of Facilitator:** .........................................................................................................................

**Name of AKA member lodging submission (Level 2 or higher required)**

.......................................................................................................................... **Level:** ………………

**Contact details:** **Email:** ……………………………………………………………..……………………..

**Phone number:** ……………………………………………………………………………………………..

**Please use the tick boxes to indicate that the necessary documentation about the class submission has been supplied. This will be a Category D category class.**

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|  | **PLEASE TICK IF SUPPLIED** | **AKACAB**  **ADMIN ONLY** |
| **List the accredited courses** / references / modality / skills that are referenced in this *Additional Skills Training* |  |  |
| **Pre–requisites for the participants:** what courses do the participants have to have completed in order to be eligible to attend. |  |  |
| **Intention:** What is the intention/purpose of the *Additional Skills Training* |  |  |
| **Manuals:** What manuals are participants required to bring to the class |  |  |
| **Materials:** A copy of all **additional** materials / resources / handouts / manuals etc supplied in class |  |  |
| **Hours:** What are the hours required for delivery of the class |  |  |
| **Specify the delivery method:** face to face, live webinar, pre-recorded video/webinar, video conferencing, electronic break-out rooms where participants can work together by webcam with the facilitator, supervised practice in front of a webcam. |  |  |

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| **Documents you need to supply** | **TO BE SUPPLIED** | **AKACAB**  **ADMIN ONLY** |
| Qualifications of Facilitator (Kinesiology and other qualifications) |  |  |
| Letter/s of permission from course author/s if applicable |  |  |
| Signed declaration |  |  |
| Overview of topics to be covered |  |  |
| A copy of all **additional** materials / resources / handouts /manuals etc supplied in class |  |  |
| Attendance Certificate |  |  |

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| --- |
| **Declaration**  This course/ qualification complies with the current laws in Australia relative to copyright including any treaties and obligations to the International community. Thiscourse does not contain plagiarism. Where I have used other people’s works it has been in a lawful manner, the original sources have been acknowledged and attributed to the author thereof.  The course / qualification complies with the scope of kinesiology, which is defined by the AKA – (refer Code of Practice attachment). Specifically there is no reference to diagnosing, prescribing or dispensing of any supplements in any of the materials submitted or taught.  **Name of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Additional Declaration for person submitting a course who is not a current Registered Kinesiology Practitioner (formerly Level 2) with the AKA.**

Name of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person submitting course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am not a current Registered Kinesiology Practitioner (formerly Level 2) with the AKA. I undertake to complete the required training to become a current Registered Kinesiology Practitioner (formerly Level 2) with the AKA within two years of my course submission.

I understand that failure to comply may result in my course being removed from the Accredited Courses List.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_