1. Fill out forms on pages 1 and 2
2. Sign declaration on page 3
3. Email the submission and all requirements to the AKACAB [cab@aka.asn.au](mailto:cab@aka.asn.au) and send a notification email to the AKA Office [enquiries@aka.asn.au](mailto:enquiries@aka.asn.au). If the total documents are too big for email either send a USB via registered post to the AKA Office or place them in a Dropbox Folder with permission to download. All documents will be stored according to the Australian Privacy complient guidelines.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date course submitted:** | |  | | |
| **Name of Course:** | |  | | |
| **Name of Course Author:** | |  | | |
| **Contact details – Email and Phone** | |  | | |
| **Qualification to deliver the course** | |  | | |
| Course author is to be qualified/accredited in the field of the course they are delivering. Please attach your qualifications to teach the subject, including a resume. | | | | |
| **Category - checkbox** | | ☐ Anatomy & Physiology ☐ Communication ☐ Nutrition ☐ Business Management | | |
| **Hours of Course:** | **Total** | **Face to Face** | **Workbook** | **Online or Correspondence** |
|  |  |  |  |
| **NOTE: HOURS OF COURSE**  **Face- to- face hours** do not include break times; morning and afternoon tea or lunch.  **Non Face-face hours: includes**   * Workbook, Assignments, Case Studies, Online training / correspondence courses. * Currently non face-to-face studies are allotted 66% of time listed. This means that a student who is applying for membership registration will be given 66 hours of a course listed as 100 hours unless the AKACAB deems the course to be worth more. * AKACAB have the right to accredit a course with full distance learning or correspondence hours if the course content warrants this. | | | | |
| **If the course is part of the Health Training Package: Please supply the following:-** | |  | | |
| 1. HLT unit number | |  | | |
| 1. Description of the unit | |  | | |
| If course is delivered as part of the Health Training Package supply a copy of your current TAE workplace training and assessment certificate. | | | | |

**THE MANUAL**

**Please use the tick column to indicate that the necessary documentation about your course submission has been supplied.** \* An asterisk indicates that the page number in the manual is required.

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| --- | --- | --- | --- |
|  | **PLEASE TICK IF SUPPLIED** | **SUPPLY PAGE NUMBER/S** | **AKACAB**  **ADMIN ONLY** |
| What is the full title of the manual: |  |  |  |
| The page numbers are included and numbered correctly |  |  |  |
| A Table of Contents is included \* |  | Page # |  |
| An index is included (optional) \* |  | Page # |  |
| The manual includes a disclaimer \* |  | Page # |  |
| The manual includes a copyright statement \* |  | Page # |  |
| The manual includes an acknowledgement (optional) \* |  | Page # |  |
| The manual includes a bibliography (optional) \* |  | Page # |  |
| The manual includes references to sources used \* |  | Page # |  |
| List additional material / resources / handouts used in class |  |  |  |
| Advertising, either fliers/brochures supplied or from website Give website details. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Documents you need to supply** | **TO BE SUPPLIED** | **AKACAB**  **ADMIN ONLY** |
| Qualifications of course author (included in CV or resume) |  |  |
| Signed declaration |  |  |
| The Manual information |  |  |
| Detailed course syllabus |  |  |
| Learning outcomes: What will the students get out of the course? |  |  |
| If course is delivered as part of the Health Training Package supply a copy of your current TAE workplace training and assessment certificate. |  |  |

**Declaration for Non-Kinesiology Courses**

This course 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.

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:**

**Qualification to teach the course:**

**Signature:**

**Date:**