



Student/Practitioner Mentored Clinic Form

Please note: These hours are strictly for kinesiology balances performed on members of the general public and not student to student practice.

This form is to be completed for (up to) **150 hours Mentored Clinic** (of the 200 hours required to transition or grandfather to the new practitioner levels). For (up to) the first 50 hours, please complete the Student/Practitioner Supervised Clinic Form if required.

Student/Practitioner Name: _____

Name of College/RTO or Workshop: _____

Please ensure that the following items are discussed for all mentoring sessions and records kept showing the outcomes of these questions for each client:

1. Evaluation and review of the kinesiology balance
2. What modalities were used, e.g. Touch For Health, Brain Gym, LEAP
3. What went well?
4. What could be improved?
5. What difficulties were faced?
6. Did the client feel/notice a difference? (using the scale 0-10 before and after the balance)
7. Any other feedback from the client?
8. Questions from Student/Practitioner

See next page for responsibilities of the Mentor and Student/Practitioner.

Student/Practitioner Responsibilities

1. Your records of your mentoring session (on the attached spreadsheet) must match your Clinical Mentor's records.
2. Ensure that your mentor is qualified (as per Supervised Clinic and Mentoring Guidelines) at or above your level. For example:
 - a. If you are a student, your mentor can be:
 - i. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice or above; or
 - ii. A Clinical Supervisor
 - b. If you are a Level 1 Practitioner, your mentor can be:
 - i. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice or above; or
 - ii. A Clinical Supervisor
 - c. If you are a Level 2 Practitioner, your mentor can be:
 - i. Qualified at Diploma in Kinesiology, Level 2 Practitioner, Level 5 Practitioner – all with 2 years clinical practice or above; or
 - ii. A Clinical Supervisor
 - d. If you are a Level 3 Practitioner, your mentor can be:
 - i. Level 3 Practitioner or Level 6 Practitioner; or
 - ii. A Clinical Supervisor
3. As per the Supervised Clinic and Mentoring Guidelines, the student/practitioner is required to conduct kinesiology sessions for a minimum of 40 clients, 10 of whom must be seen for a minimum of three (3) sessions. These clients must include both males and females of varying ages with various presentations.
4. ***It is the responsibility of the student/practitioner to keep records of the mentoring discussions for auditing purposes, outlining the questions above and their outcomes/answers.***

Mentor Responsibilities

1. The Mentor's form records of the mentoring session must match the Student/Practitioner's records.
2. The Mentor **must not** mentor anyone **above** their own qualification level.
3. ***The Mentor must ensure that they keep a separate record of the information discussed in the mentoring session for auditing purposes, outlining the questions above and their outcomes/answers.***
4. The Mentor must ensure that they cover **all** the questions listed above (minimum) in a mentoring session.

Student/Practitioner Name: _____ Signature: _____

Date (of Mentoring session)	Allocated time for mentoring session	Mentor Name & Qualification Level	Mentor Signature	Kinesiology Balance Details Date, Client ID*, Modalities used <small>*For confidentiality reasons, please use a code to identify your client</small>	How was mentoring performed e.g. Skype, Face to Face, Phone Consultation etc.	# Hours Mentored (time taken to perform balance)	Record of mentoring session (kept for audit purposes)
7/11/15	30 minutes	Carol Nunn (L2)	<i>C Nunn</i>	22/10/15, B.A., TFH	Face to Face	1 hour	Yes
7/11/15		Carol Nunn (L2)	<i>C Nunn</i>	23/10/15, Client #3, Brain Gym	Face to Face	1.5 hours	Yes
3/12/15	15 minutes	David Simpkins (L5)	D Simpkins	30/11/15, Orange, LEAP	Phone	1 hour	Yes

Student/Practitioner Name: _____

Signature: _____

Date (of Mentoring session)	Allocated time for mentoring session	Mentor Name & Qualification Level	Mentor Signature	Kinesiology Balance Details Date, Client ID*, Modalities used <small>*For confidentiality reasons, please use a code to identify your client</small>	How was mentoring performed e.g. Skype, Face to Face, Phone Consultation etc.	# Hours Mentored (time taken to perform balance)	Record of mentoring session (kept for audit purposes)

Total Hours Mentored Clinic

Please print off extra forms as required

