



AUSTRALIAN KINESIOLOGY ASSOCIATION INC.

ABN: 31 074 034 709

Administration Office: PO Box 233, Kerrimuir VIC 3129 Australia

Ph: 03 9898 7406 / **Email:** enquiries@aka.asn.au www.aka.asn.au

KINESIOLOGY REGISTRATION FOR CLINICAL SUPERVISOR/CLINICAL MENTOR

I have attached a non-refundable \$55.00 application fee.

I am applying for membership of:

Clinical Supervisor and/or Clinical Mentor

Please complete your details below: (personal information is for AKA records only)

First Name: _____ Surname: _____

Residential Address: _____

State: _____ P/code: _____

Postal Address: _____ State: _____ P/code: _____

E-mail: _____

Home Phone: _____ Mobile Phone: _____

TOTAL AMOUNT PAID: \$ _____ *membership fees are non-refundable*

EFT to **Commonwealth Bank** BSB **063115** Account **10301776** Date Paid

Name & Surname must appear in the description/reference – Limit of 18 characters.

Mastercard Visa

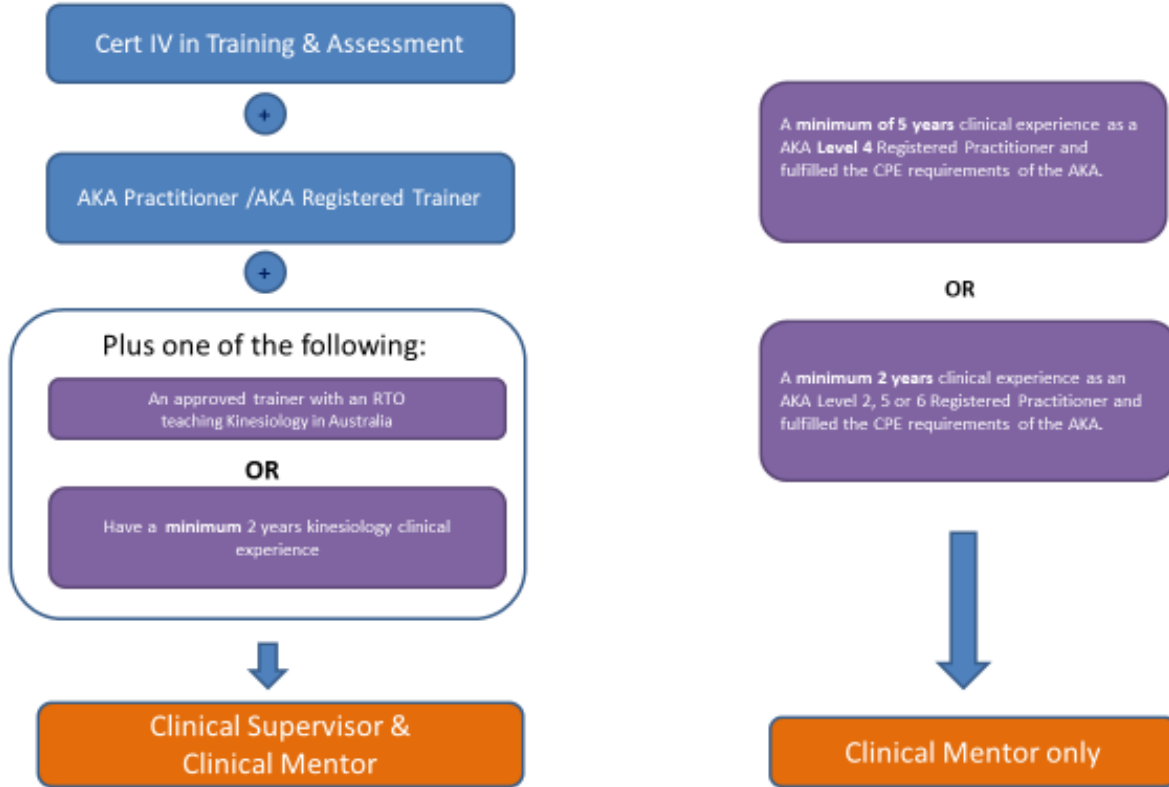
Name on card: _____ Signature: _____

_____/_____/_____/_____/_____ Expiry: ____/____

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Overview of Clinical Supervisor / Clinical Mentor



Clinical Supervisor requirements:

(A) I am an approved trainer with an RTO teaching Kinesiology in Australia
(RTO _____, Tel- _____)

or

(B) I am an AKA approved individual author of a kinesiology module- or I am an AKA approved kinesiology workshop Trainer-or I am an **AKA Registered Practitioner Level 2 or higher with a minimum 2 years** current kinesiology clinical experience

PLUS (C) Compulsory:

I have Certificate IV/Diploma/or higher **Training and Assessment** qualification – please attach a copy of your certificate with this application.

I am a member of the AKA: Level: 2 3 5 6 Trainer

I have fulfilled the CPE requirements of the AKA



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Office Use Only: (Supporting Document):

<u>A or B</u>	<u>Compulsory</u> (C)	<u>Approved</u> (A + C) / (B + C)	<u>Signed</u> <u>PRB Chairperson</u>

*****As a Clinical Supervisor you may only assess the kinesiology modalities that you are qualified and trained in.**

Clinical Mentor requirements:

(D) I have a **minimum of 5 years** Kinesiology clinical services to the general public as a **Level 4**, Kinesiology Intermediate Practitioner and I have fulfilled the CPE requirements of the AKA.

(E) I have a **minimum of 2 years** kinesiology clinical services as a **Level 2, 5, or 6** and I have fulfilled the CPE requirements of the AKA.

Office Use Only: (Supporting Document):

<u>D/E</u>	<u>Approved</u>	<u>Signed</u> <u>PRB Chairperson</u>

***** An AKA approved Clinical Mentor cannot provide mentoring for students/practitioners above the mentors own qualified level of training.**