

AIK Ltd New Member Application Form

Please complete the following application form to apply for an **International Associate Professional - Instructor** member with the Australian Institute of Kinesiologists Limited.

Please email your completed AIK Ltd Application Form save as a PDF, plus PDF attachments of your Qualifications including Instructor/Teacher, to the registrar@gmail.com

Type of Membership:

ASSOCIATE PROFESSIONAL – INSTRUCTOR - INTERNATIONAL

Your Information:

Title: None / Dr / Miss / Mr / Mrs / Ms

First Name:

Last Name:

Date of Birth:

Email Address:

Confirm Email Address:

Home Phone:

Business Phone:

Mobile Phone:

Preferred Contact number:

Website:

Are you a current financial clinical practicing member of the AIK Ltd? A student member is not a clinical practitioner member.

If Yes – please email the registrar@aik.org.au to arrange this membership listing, as you are not required to complete this application.

Personal Address Details

Street Address:

City:

State:

Postcode:

Country:

Two Forms of Identification – Requirement:

**Please include two different forms of Identification with your application.*

Teaching Location:

Clinic Name:

Clinic Address:

Street Address:

City:

State:

Postcode:

Country:

Website:

Business Phone:

Mobile Phone:

Would you like your details to be included in our Instructor Directory?

Yes or No

Qualifications Completed

Please provide the following - Relevant Certificates of Competency for Kinesiology such as Certificate and/or Diploma qualifications and Instructor/Teacher qualifications.

Qualification Completed:

Instructor/College:

Date Completed:

**Please attached a copy of your Certificates with your application.*

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Date Completed:

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Other Accredited Course Qualifications

Please add below any additional qualifications you have completed in Associated Health courses (if applicable).

Yes or No

Disclosure of Misconduct

Have you ever been convicted of a criminal offence?

Yes or No

Have you ever been investigated for alleged professional misconduct?

Yes or No

Have you ever received a Prohibition Order from any State or Territory Authority Body?

Yes or No

Have you ever been refused membership of any professional membership body?

Yes or No

If you answered yes to the questions of Disclosure of Misconduct – please share more about this issue.

Once you have completed the application form; please click on the links below. By applying for membership with the AIK Ltd, you are also indicating that you have agreed to the AIK Ltd Membership Terms and Conditions, agreed to the AIK Ltd Code of Ethics and Conduct and accepted the AIK Ltd Privacy, Security, Delivery and Refund Policies.

[AIK Ltd Membership Terms and Conditions](#) [Click Here](#)

[AIK Ltd Code of Ethics and Conduct](#) [Click Here](#)

[AIK Ltd Privacy, Security, Delivery and Refund Policies](#) [Click Here](#)

APPLICANT'S DECLARATION

I, _____, hereby confirm that the details included in this application form dated this and my supporting documents to be true and correct. As a member of the Australian Institute of Kinesiologists Ltd. I agree to abide by the Constitution and By-Laws. As a Member of the AIK Ltd (at any level), I shall at all times abide by the Australian Institute of Kinesiologists Limited Code of Ethics and Conduct. While I am a member, I agree for the AIK Ltd to carry out an internal audit as it relates to my membership, the execution of the Institute's Code of Ethics and Conduct and my business and to provide additional information and / or evidence as requested.

Signature

PRINT FULL NAME

Date

IMPORTANT: Once you have emailed your application form and supportive documents, our team at the AIK Ltd will acknowledge receipt and the success of your membership with the AIK Ltd. We look forward to you joining our professional community.