

AIK Ltd New Member Application Form

Please complete the following application form to apply for an **Associate Professional - Instructor** member with the Australian Institute of Kinesiologists Limited, if you are not a current member of the AIK Ltd.

Please email your completed AIK Ltd Application Form save as a PDF, plus PDF attachments of your Qualifications including Instructor/Teacher, First Aid, Insurance and Working with Children/Blue Card – if applicable to the registrar@gmail.com

Type of AIK Ltd Membership:

ASSOCIATE PROFESSIONAL - INSTRUCTOR	<input type="checkbox"/>
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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:

ABN:

Have you been an AIK Ltd member before?

Yes or No

For Associate Professional – Instructor Membership: Are you a current existing financial member of the AIK Ltd? *Such as Standard, Registered, Registered Professional, Registered Specialist Professional.*

Yes or No

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: **AUSTRALIA**

Postal Address same as Street Address?

Yes or No

Street Address:

City:

State:

Postcode:

Country: **AUSTRALIA**

Business Information

Business Location

Business Name:

Business Address:

Street Address:

City:

State:

Postcode:

Country: **AUSTRALIA**

Postal Address same as Street Address?

Yes or No

Website:

Business Phone:

Mobile Phone:

Would you like your details to be included in our Find an Instructor Directory on the AIK Ltd Website?

Yes or No

Documents – *Please email evidence with your application.

First Aid Documentation

Current First Aid Expiry date:

Current CPR Expiry date:

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.*

Qualification Completed:

Instructor/College:

Date Completed:

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Date Completed:

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

Qualification Completed:

Instructor/College:

Date Completed:

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

Other Accredited Course Qualifications

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

Yes or No

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

Insurance Documentation

To be eligible for an AIK Ltd Membership the Minimum Public Liability cover is \$10M. Professional Indemnity Cover is Mandatory for Associate Professional – Instructor (\$2M).

**Please attached a copy of your Certificate of Currency of Insurance with your application.*

Working with Children Check

Have you obtained a Working with Children Check (WWC)/ Blue Card or equivalent or do you hold a current 'Teacher Registration'?

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

Disclosure of Misconduct

Have you ever been convicted of a criminal offence in Australia?

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.