

APPLICATION FORM FOR ADVANCED
KINESIOLOGY FEDERATION REGISTERED
PROFESSIONAL



Contact Information for KF:

Mr/Mrs/Miss/Ms

Forename _____

Surname _____

Letters after Name _____

Date of Birth _____

Course Instructor _____

Branch of Kinesiology _____

Address _____

County _____

Country _____

Postcode _____

Tel No (1) _____

Tel No (2) _____

Fax No _____

E-Mail _____

Website _____

If these contact details are not to be given to enquirers, please tick box

The KF is registered under the Data Protection Act.
If you wish for your contact details to be added to any
KF internal mailing lists, please tick the box.

Forename: Please use the name you want on the referral register/certificate.

Letters after name: Please only enter those you want on any correspondence from the KF.

DOB: This is compulsory info due to the requirements of external bodies.

Instructor: Please enter the name of your AdvancedK Instructor

County: Required for manual practitioner searches for enquirers—please complete.

Country: England, Scotland, Wales, Ireland, etc

NB: *If you only want some of this information shown in the referral register and website, please tick the box opposite and give the appropriate information under Additional Practice Addresses.*

Additional Practice Addresses:

Clinic Name _____

Address _____

County _____

Postcode _____

Tel No (1) _____

Tel No (2) _____

E-Mail _____

Website _____

If you work from additional practice addresses please give the information on a separate piece of paper.

I have enclosed the following:

Copies of relevant certificates
Photocopy of Insurance Certificate (1)
Cheque (made payable to Kinesiology Federation)
Information on additional practice premises for KF website

If you do not have insurance, please tick this box
for the Balens block insurance application form

Fees:

New Applicant

Annual Fee (renewal date 1st Sept) £125.00
Half Fee (after 1st Feb) £ 62.50

You can pay by cheque or BACS.

Cheques should be made payable to: Kinesiology Federation.
For BACS transfers please contact the office for account details.

Please note that the membership year starts September 1st. The annual fee is £125.00. New applications received after February 1st pay only half the fee for that year.

I certify that the information given here is correct and that I have read, and agree to abide by, The KF's Code of Conduct.

I declare that I have valid professional indemnity and public liability insurance and I accept that it is my responsibility to keep this current at all times.

I declare that the time of this application there are no known complaints, legal proceedings or claims pending against me.

I understand that on receipt of my certificate I can use the letters AKFRP after my name.

I understand that to maintain AKFRP status I need to attend 30 hours of courses relevant to my kinesiology business and continuing professional & personal development over a four year period.

Signature _____ Date _____

Please read these conditions carefully:

The code of conduct is available on the KF website.

If the information on insurance or complaints is found to be incorrect then membership of the KF will be cancelled.

*Please note that **only** the letters **AKFRP** can be used.*