

APPLICATION FORM FOR KF ASSOCIATE MEMBERSHIP



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 do not wish these contact details to be added to any mailing lists, please tick the box.

This contact information is essential to allow the KF to contact you and to send Kinesiology Today or any other correspondence.

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

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

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:

Photocopy of KF Foundation Certificate
Photocopy of Advanced Kinesiology Certificate
Photocopy of Insurance Certificate*
Information on additional practice premises for KF website
Cheque (made payable to Kinesiology Federation)

***If you do not have insurance, please tick this box**
We will forward the Balen's block insurance application form

Please ensure that evidence of two assessments are enclosed. Applications without both certificates will be returned.

*Evidence for FoundationK assessment can be:
KF FoundationK certificate
TFH Proficient certificate
ITW certificate
TFH V certificate
Balanced Health certificate*

Fees:

New Applicant

Annual Fee (renewal date 1st Sept) £70.00
Half Fee (after 1st Feb) £35.00

Existing Member

Upgrade from Student £30.00
Half Fee (after 1st Feb) £15.00
Upgrade from TFH Proficient £25.00
Half Fee (after 1st Feb) £12.50

*Existing Members:
If you are upgrading and renewing at the same time then the cost is as a new application (£70).*

You either renew as student (£40) and upgrade (£30) or you renew in the new category (£70).

Please note that the membership year starts September 1st. The annual fee is £70.00. 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 Code of Conduct.

I accept that it is my responsibility to keep my professional indemnity and public liability insurance valid and 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 KF Assoc. after my name.

I understand that I am required to apply to upgrade to KFRP status when I have completed the additional requirements.

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 **KF Assoc.** can be used.*