

APPLICATION FORM FOR TFH INSTRUCTOR MEMBERS



Forename _____	Surname _____
Mr/Mrs/Miss _____	Date of Birth _____
Address _____	
County _____	Country _____
Postcode _____	
Tel No (1) _____	Tel No (2) _____
E-Mail _____	Website _____
Branch of Kinesiology Taught _____	
ITW Instructor's Name _____	Dates of first and most recent ITW _____
Other Relevant Qualifications _____	

The Kinesiology Federation is registered under the Data Protection Act. If you do not wish your name to be added to any mailing lists, please tick the box.

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

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

I understand that to maintain Instructor status I need to attend a minimum of 30 hours of courses for continuing professional development every two years. At least 15 hours of the training must be kinesiology based.

Signature _____ Date _____

Enclosed:

Photocopy of TFH Instructor Certificate
 Photocopy of Teaching/Assessing Qualifications (if applic)
 Photocopy of Insurance Certificate
 Cheque £70.00 *Half price after 1st Feb*

Kinesiology Federation, PO Box 28908 Dalkeith EH22 2YQ
 Tel No. 0845 260 1094 e-mail: kfadmin@kinesiologyfederation.org
 Website: www.kinesiologyfederation.org