

APPLICATION FORM FOR TFH PROFICIENT MEMBERSHIP



KINESIOLOGY FEDERATION

Contact Information for KF:

Forename _____ Surname _____
Mr/Mrs/Miss _____ Letters after Name _____
Address _____
County _____ Country _____
Postcode _____ Date of Birth _____
Tel No (1) _____ Tel No (2) _____
Fax No _____
E-Mail _____ Website _____
Course Instructor _____

Additional Practice Addresses:

Clinic Name _____
Address _____
County _____ Postcode _____
Tel No (1) _____ Tel No (2) _____
Fax No _____ E-Mail _____
Clinic Name _____
Address _____
County _____ Postcode _____
Tel No (1) _____ Tel No (2) _____
Fax No _____ E-Mail _____

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.

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

Enclosed:

Photocopy of TFH Proficient Certificate
Photocopy of Insurance Certificate*
Cheque (made payable to Kinesiology Federation)

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

Fees:

New Applicant

Annual Fee (renewal date 1st Sept) £45.00
Half Fee (after 1st Feb) £22.50

Existing Member

Upgrade from Student /TFH Member £5.00
Half Fee (after 1st Feb) £2.50

Please note that the membership year starts September 1st. The annual fee is £45.00. 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 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 I must evidence a minimum of 30 hours of courses for continuing professional development over a two - year period. At least 15 hours must be kinesiology based training.

I understand that I will need to re-apply for upgrading to KF Associate status when I have completed the additional requirements — within a maximum of three years.

Signature _____ Date _____