



KPAB New Registration Application Form 2016

Registration Details

Please tick the appropriate box

I'm applying for the following registration level

- | | |
|---|---|
| <input type="checkbox"/> Student
Fee- Initial \$125.00
Annual renewal \$115.00 | |
| <input type="checkbox"/> Certificated Kinesiologist
Fee- Initial \$180.00
Annual renewal \$135.00 | Certificate in Kinesiology or equivalent
1 years training - 300 Hours |
| <input type="checkbox"/> Registered Kinesiologist
Fee- Initial \$250.00
Annual renewal \$180.00
Includes NHC Affiliation Fee | Diploma of Kinesiology or equivalent
3 years training - 500 Hours |
| <input type="checkbox"/> Registered Kinesiologist Senior Consultant
Fee- Initial \$250.00
Annual renewal \$180.00
Includes NHC Affiliation Fee | Advanced Diploma of Kinesiology or equivalent
4 years training - 650 Hours |

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First Name : _____ Surname : _____

Clinic Name : _____

Clinic Address : _____

Post Code : _____

Postal Address: (if same as Main Clinic Address, please leave blank)

Post Code : _____

Contact: Work ☎ _____ Mobile 📱 : _____

E-mail ✉ : _____

Your Kinesiology qualifications

Certificate in Kinesiology :	Yes <input type="checkbox"/>	Copy attached - Yes <input type="checkbox"/>
Diploma in Kinesiology:	Yes <input type="checkbox"/>	Copy attached - Yes <input type="checkbox"/>
Other accredited Kinesiology course qualifications:	Yes <input type="checkbox"/>	Copy attached - Yes <input type="checkbox"/>

Kinesiology Course Training for Recognition – other accredited course qualifications

The following are the workshops and training hours I have completed in Kinesiology and Associated Health courses:

Relevant Certificates of Competency for Kinesiology and Associated Health courses are attached and academic transcripts and evidence of hours studied are also attached for Anatomy and Physiology; Nutrition; Practice/Business Management (if applicable).

Name of Core Kinesiology Courses	Instructor/College	Date obtained	Hours

First Aid

Please attach a copy of your current First Aid Certificate. My certificate is attached: Yes ☐ No ☐

Payment

I have arranged payment of my membership and admin fees: YES ☐ Amount: _____

Payment method: Electronic transfer - ASB 12-3027-0442945-00, please attach your remittance receipt /

Date payment made: _____ Payment method: Cheque / Money Order ☐

Professionalism

Have you ever been convicted of a criminal offence? Yes ☐ No ☐

Been investigated for alleged professional misconduct or? Yes ☐ No ☐

Have you been refused membership of any professional membership body? Yes ☐ No ☐

If you must answer "Yes" to any of the above, please provide details to accompany your application.

I consent to my name being forwarded to the Natural Health Council and Natural Health Practitioners NZ Yes ☐ No ☐

I would like my name to appear on my annual practicing certificate as: [Please print clearly]

DECLARATION

I, _____ (full name), hereby confirm that the details included in this application form and my supporting documents to be true and correct.

As a practitioner registered with the Kinesiology Practitioner Accreditation Board ("KPAB") I agree to abide by the Constitution and By-Laws.

As a practitioner registered with KPAB (at any level), I shall at all times abide by The Institute Code of Ethics and Conduct and maintain a current First Aid Certificate

Continuing Professional Education (CPE) has become a necessary part of a professional's life. The purpose of CPE is to ensure Professional Practitioners regularly update their clinical skills and professional knowledge. It is a commitment to updating and furthering one's education.

- attended 15 hour kinesiology-related workshop (or 2 x 8 hour workshops)
- **OR** present a 30 min kinesiology paper at a conference or recognised research workshop
- **OR** have a kinesiology article published in a journal

CODE OF ETHICS AND CONDUCT

Principles of ethical behaviour applicable to all kinesiologist, including those who may not be engaged directly in clinical practice.

1. Consider the health and well-being of your client to be your first priority.
2. Strive to improve your knowledge and skill so that the best possible service can be afforded to your client.
3. Honour your profession and its traditions.
4. Recognise both your own limitations and the special skills of others in the prevention and management of "dis-ease".
5. Protect the client's confidences even after his or her death
6. Let integrity and professional ability be your chief advertisement.

I have read and understood and agree to comply with the above at all times during my membership with KPAB. I also understand that a membership year starts in January and finishes in December, KPAB reviews memberships annually.

Signed: _____ Date : _____

Please return to: Helen McAuley-Grant , Registrar KPAB, 47 Coastal Heights, RD3 Silverdale 0993, New Zealand
Or scan and email to – registrar.kpab@gmail.com