

International Institute of Kinesiology Australia

Suite 11/710 Botany Road, Mascot NSW 2020, Phone: 02 4648 0505

ENROLMENT FORM

Course name: International Certificate in Professional Kinesiology Practice

**(+ International Certificate in Basic Self-Care + Int. Certificate in High Level Wellness
+ Vitality + Int. Certificate in Basic Kinesiology Principles)**

3 accredited qualifications (nationally & internationally accredited)

intake 18/19 May 2019 (weekend course)

Personal Details

Name: _____

(Title, First Name, Surname Name)

Home Address: _____

Town/City: _____

State: _____ PC: _____

Phone: _____ Fax: _____

Mobile : _____

Email: _____

Date Of Birth: _____ / _____ / _____ M / F

Employment Details

Current Position: _____

Organisation: _____

Postal Address: _____

Town/City: _____

State: _____ PC: _____

Phone: _____ Fax: _____

Email: _____

Emergency Details

Medical Practitioner

Name: _____

Phone: _____

Address: _____

Town/City: _____

State: _____ PC: _____

In case of an emergency I hereby authorise Kinesiology Schools Australia or any member of its staff (including contract staff) to call an ambulance on my behalf and/or send me to the appropriate medical practitioner. I accept that I will be responsible for any costs incurred.

Signed: _____

Next of Kin

Name: _____

Relationship: _____

Phone: _____

Mobile : _____

Address: _____

Town/City: _____

State: _____ PC: _____

Tell us a little about yourself: (Please attach another piece of paper if needed)

Why do you want to do this training? _____

Why do you believe IKA should accept you as a student?

The following is not a prerequisite. It helps the lecturers plan their lessons.

Previous Kinesiology Experience or Training: _____

School level achieved: _____

Other Qualifications: _____

I intend to apply for **Recognition of Prior Learning (RPL)** YES NO (please circle)
If yes, circle all subjects you intend to request an RPL for: A&P201, Clinical Practice Management, Establishing Client Relationships

PLEASE NOTE. Completion of the International Certificate in PKP is dependent on the participant attaining an up-to-date Senior First Aid Certificate (not included in the course fee).

Where did you hear about us?

- Internet
- Living Now Magazine
- Natural Therapy Pages
- Yellow Pages
- Other _____

Payment Details

No payments will be accepted at the course (See course prospectus for payment options)

PLEASE NOTE:

Enrolment will not be accepted unless payment accompanies application form.

Direct Deposit / Credit Card (please circle):

International Certificate in Professional Kinesiology Practice

- Option 1: Express payment**
Full Payment of \$ 9,450 due 1 April 2019 SAVE \$ 500
- Option 2 (on IIKA payment contract)**
Deposit \$ 2,000 due 18 April 2019 + 9 monthly payments of 883,33 due 1 June 19 – 1 July 19 – 1 August 19 – 1 September 2019 – 1 October 2019 -1 November 2019 – 1 December 19 – 1 January 2020 – 1 February 2020

Details for credit card payments

(3 % surcharge applies for credit card payments)

I authorise the International Institute of Kinesiology Australia (IIKA) to process the payments for the International Certificate in Professional Kinesiology Practice as per the IIKA payment contract.

- Visa
- MasterCard

Cardholder's name _____ Card Number _____ - _____ - _____ - _____

Expiry Date: ____ / ____ Signature: _____ Date: _____

I hereby confirm that to the best of my knowledge the information on this application form is true and correct and that it is not misleading in any way.

Signed: _____ Date: ____ / ____ / ____