

APPLICATION FORM FOR TFH CONSULTANT 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 £90.00. 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 practicing and / or 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 Consultant Certificate
- Photocopy of Teaching/Assessing Qualifications (if applic)
- Photocopy of Insurance Certificate
- Payment confirmation (Annual Fee: £90.00, half fee: £45.00 (after 1st Feb))

You can pay by cheque or BACS. Please make **cheques** payable to: Kinesiology Federation.

BACS payment:

Please contact the office for account details for BACS payments.

Please use your full name as the reference for BACS payments

Kinesiology Federation, PO Box 10426, Newark NG24 9NF
Tel No. 0845 260 1094 e-mail: admin@kinesiologyfederation.co.uk
Website: www.kinesiologyfederation.co.uk