

APPLICATION FORM FOR INTERNATIONAL  
KINESIOLOGY FEDERATION REGISTERED  
PROFESSIONAL



Contact Information for KF:

Mr/Mrs/Miss/Ms

Forename \_\_\_\_\_

Surname \_\_\_\_\_

Letters after Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Course Instructor \_\_\_\_\_

Branch of Kinesiology \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Country \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No (1) \_\_\_\_\_

Tel No (2) \_\_\_\_\_

Fax No \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

**If these contact details are not to be given to enquirers, please tick box**

The KF is registered under the Data Protection Act. If you do not wish these contact details to be added to any mailing lists, please tick the box.

*Forename: Please use the name you want on the referral register/certificate.*

*Letters after name: Please only enter those you want on any correspondence from the KF.*

*DOB: This is compulsory info due to the requirements of external bodies.*

*Instructor: Please enter the name of your AdvancedK Instructor*

*County: Required for manual practitioner searches for enquirers—please complete.*

*Country: England, Scotland, Wales, Ireland, etc*

***NB: If you only want some of this information shown in the referral register and website, please tick the box opposite and give the appropriate information under Additional Practice Addresses.***

Additional Practice Addresses:

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No (1) \_\_\_\_\_

Tel No (2) \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

*If you work from additional practice addresses please give the information on a separate piece of paper.*

I have enclosed the following:

Copy of IKC certificate   
Photocopy of Insurance Certificate (1)   
Cheque (made payable to Kinesiology Federation)   
Information on additional practice premises for KF website

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) £125.00  
Half Fee (after 1st Feb) £ 62.50

You can pay by cheque or BACS.

Cheques should be made payable to: Kinesiology Federation.  
For BACS transfers please contact the office for account details.

**Please note that the membership year starts September 1<sup>st</sup>. The annual fee is £125.00. New applications received after February 1<sup>st</sup> 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 on receipt of my certificate I can use the letters IKFRP after my name.

I understand that to maintain IKFRP status I need to attend 45 hours of courses relevant to my kinesiology business and continuing professional & personal development over a four year period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please read these conditions carefully:*

*The code of conduct is available on the KF website.*

*If the information on insurance or complaints is found to be incorrect then membership of the KF will be cancelled.*

*Please note that **only** the letters **IKFRP** can be used.*