



recognition of prior learning (rpl) s

EVIDENCE FORMS

Certificate IV in Kinesiology (HLT42807)
and / or
Certificate of Solution Oriented Neuro-Training

EVIDENCE FORM – PART A

For NT/EA students

NT / EA QUALIFICATION & STUDIES

Please complete the following table.

COURSE DETAILS		Completion Date	Instructor	Copy of Letter or Cert Attached
<input type="checkbox"/>	The Certificate of Solution-Oriented Kinesiology			<input type="checkbox"/>
OR INDIVIDUAL WORKSHOPS		Completion Date	Instructor	Copy of Cert Attached
<input type="checkbox"/>	The Beginning of Understanding Kinesiology (BUK)			<input type="checkbox"/>
<input type="checkbox"/>	BUK Repeat			<input type="checkbox"/>
<input type="checkbox"/>	BUK Home Study			<input type="checkbox"/>
<input type="checkbox"/>	BUK Teacher Training			<input type="checkbox"/>
<input type="checkbox"/>	Art of Solution Oriented Neuro-Training (ASONT)			<input type="checkbox"/>
<input type="checkbox"/>	ASONT Repeat			<input type="checkbox"/>
<input type="checkbox"/>	ASONT Teacher Training			<input type="checkbox"/>
<input type="checkbox"/>	Healing Principles (HP)			<input type="checkbox"/>
<input type="checkbox"/>	HP Repeat			<input type="checkbox"/>
<input type="checkbox"/>	HP Home Study			<input type="checkbox"/>
<input type="checkbox"/>	HP Teacher Training			<input type="checkbox"/>
<input type="checkbox"/>	Principles of Recuperation (PoR)			<input type="checkbox"/>
<input type="checkbox"/>	PoR Repeat			<input type="checkbox"/>
<input type="checkbox"/>	PoR Teacher Training			<input type="checkbox"/>
<input type="checkbox"/>	BluePrint 1 (BP1)			<input type="checkbox"/>
<input type="checkbox"/>	BP1 Repeat			<input type="checkbox"/>
<input type="checkbox"/>	BP1 Home Study			<input type="checkbox"/>
<input type="checkbox"/>	BP1 Teacher Training			<input type="checkbox"/>
<input type="checkbox"/>	Innate Intelligence (II)			<input type="checkbox"/>
<input type="checkbox"/>	II Repeat			<input type="checkbox"/>
<input type="checkbox"/>	II Teacher Training			<input type="checkbox"/>
<input type="checkbox"/>	Integration (INT)			<input type="checkbox"/>
<input type="checkbox"/>	INT Repeat			<input type="checkbox"/>
<input type="checkbox"/>	INT Teacher Training			<input type="checkbox"/>
<input type="checkbox"/>	Client Care (CC)			<input type="checkbox"/>
<input type="checkbox"/>	Theory			<input type="checkbox"/>
<input type="checkbox"/>	Practical			<input type="checkbox"/>
<input type="checkbox"/>	Student Clinic			<input type="checkbox"/>

EVIDENCE FORM – PART B

For Common Units

COMMON UNITS

Please provide details of the common units you have completed either as part of another course (e.g. Diploma of Massage) or as part of your professional status (e.g. AKA).

Please supply academic transcript(s) and/or certificate(s) quoting the relevant common unit codes as below. Note: all transcript(s) and certificate(s) must be certified true copies as per the Evidence Guidelines above.

COMMON UNITS		Completion Date	Provider e.g. College Name	Copy of Cert Attached
Anatomy & Physiology 1 & 2				
<input type="checkbox"/>	HLTAP401A	Confirm physical health status		<input type="checkbox"/> Yes
Practice Management				
<input type="checkbox"/>	BSBCMN204A	Work effectively with others		<input type="checkbox"/> Yes
<input type="checkbox"/>	HLTCOM404B	Communicate effectively with clients		<input type="checkbox"/> Yes
<input type="checkbox"/>	HLTCOM405B	Administer a practice		<input type="checkbox"/> Yes
<input type="checkbox"/>	HLTCOM406B	Make referrals to other health care professionals when appropriate		<input type="checkbox"/> Yes
<input type="checkbox"/>	HLTCOM408B	Use specific health terminology to communicate effectively		<input type="checkbox"/> Yes
<input type="checkbox"/>	HLHIR301A	Communicate and work effectively in health		<input type="checkbox"/> Yes
<input type="checkbox"/>	HLTIN301A	Comply with infection control policies and procedures in health work		<input type="checkbox"/> Yes
<input type="checkbox"/>	HLTOHS300A	Contribute to OHS processes		<input type="checkbox"/> Yes
First Aid Certificate				
<input type="checkbox"/>	HLTFA301B	Apply first aid		<input type="checkbox"/> Yes

Please note: If you do not have codes that match the above additional fees will be required to complete your application for RPL. Please refer to your RPL Information Kit for more details.

EVIDENCE FORM – PART C

Practitioner Information

PRACTITIONER EXPERIENCE

Do you work as practitioner:

- In your own business
- As part of another business e.g. employed

Business Name:.....

Address:.....

..... Phone No.:

Average number of clients per week: Years in business / employed:

As part of this section, please provide two case studies detailing your experience. Please label this evidence as “*Part C: Practitioner Experience – Case Studies*”.

Case Study Evidence Guidelines

Describe your evidence including:

- Client details (sex, age, etc). *Note:* Please ensure that you protect the privacy of your client by changing the name of the client and ensuring that no inference as to identity can be made in the details of the case.
- Presenting condition(s) / problem(s) as described by the client
- Overview of the session including actions / processes used
- Outcome of the session including support recommended as well as client feedback at the end of the session and 1 week later

Note: All case study submissions **must be typed**. Handwritten notes will not be accepted.

EVIDENCE OF ONGOING PROFESSIONAL DEVELOPMENT

Please provide details of the last 3 courses you have completed that have maintained or enhanced your professional skills. Include copies of certificates with your submission. Please label this evidence as “*Part C: Professional Development*”.

PROFESSIONAL MEMBERSHIP

Are you a member of the AKA? No Yes – Level of Membership:

Are you a member of the AIK? No Yes – Level of Membership:

Other professional membership:

EVIDENCE FORM – PART D

FORMAL KINESIOLOGY STUDIES

FORMAL KINESIOLOGY QUALIFICATIONS

Note: This form is only for **government recognised qualifications**. Your certificates should contain both the logos for the AQTF and for the relevant state body (e.g. NSW VETAB). Studies of other kinesiology modalities should be covered in your resume with certificates attached.

Please provide details of formal Kinesiology qualifications:

- I have completed a: **1. Certificate IV in Kinesiology (HLT42807)**
 This is the current government recognised qualification available from mid 2007.
- 2. Individual Units** from Certificate IV in Kinesiology (HLT42807) as listed below
 These are from the current government recognised qualification available from mid 2007.
- 3. Other Certificate IV in Kinesiology**
 This is a government recognised qualification undertaken prior to mid 2007.

1. Certificate IV in Kinesiology (HLT42807) after mid 2007 or 2. Individual Units after mid 2007

Please provide details of the Kinesiology Specialisation Units as per the current Certificate IV in Kinesiology (HLT42807) you have completed as part of another course.

Course Name:

Provider:

Address:

.....

Phone No: Provider's RTO number:

SPECIALISATION UNITS			Completion Date	Provider e.g. Name of College	Copy of Cert Attached
<input type="checkbox"/>	HLTKIN401A	Work within a kinesiology framework			<input type="checkbox"/>
<input type="checkbox"/>	HLTKIN402A	Plan the kinesiology session			<input type="checkbox"/>
<input type="checkbox"/>	HLTKIN403A	Apply kinesiology assessment framework			<input type="checkbox"/>
<input type="checkbox"/>	HLTKIN404A	Perform the kinesiology health assessment			<input type="checkbox"/>
<input type="checkbox"/>	HLTKIN405A	Provide kinesiology balances			<input type="checkbox"/>

3. Other Certificate IV in Kinesiology prior to mid 2007

Qualification/Unit Name:

Organisation:

Address:

..... Phone No.

Campus Location (if different to address above).....

Instructor: Copy of Certificate Attached

Date of completion: Hours:

Please provide details of curriculum and attach to this application labelled "*Part D: Curriculum Information*". Preference will be given to documentation provided by the Institution where this qualification was obtained.