



INTERNATIONAL KINESIOLOGY COLLEGE

Email: registrar@ikc.global

APPLICATION FOR ASSOCIATION AFFILIATION

Please note that affiliation with the IKC TFH School does not imply endorsement of non-Touch for Health classes your association may endorse unless they have been approved by the Personal Development School and / or Professional School of the IKC.

The following are requirements and conditions for affiliation.

The Touch for Health School Affiliated Association

- a) agrees to recognise the TFH School instructor agreement guidelines as they relate to active instructor registration and the issuing of IKC / Touch for Health School certificates. A copy of the registered TFH School instructor agreement is available from the Faculty of your country
- b) agrees to pay promptly all financial requirements with the IKC
- c) agrees to recognise the TFH School Faculty and Training Workshop Trainers as the representatives for TFH School endorsed classes in the country or area
- d) agrees to recognize TFH School Faculty of the country or area as the person responsible for supervising and coordinating Touch for Health activities and policies in the area
- e) agrees to recognize that TFH School certificates and endorsed manuals and workbooks, and other TFH School endorsed materials are the only resources to be used for TFH classes
- f) agrees to recognise and promote current TFH School policy as interpreted by TFH School Faculty and Training Workshop Trainers
- g) agrees to recognise the IKC as the custodian for the Touch for Health Synthesis, and its TFH School Faculty and TW Trainers as the administrators of its policy

The role of a TFH School affiliated association is as follows:

- a) To support local TFH School Students, Instructors, Faculty and Trainers
- b) To liaise with the public, students and TFH School Faculty and Training Workshop Trainers
- c) To create a network between TFH School Registered Instructors in order to promote Touch for Health and Instructors' activities

The rights of TFH School affiliated associations are as follows:

- a) To be listed on the IKC web site as a Touch for Health School affiliated association
- b) To be an association in the country or area that represents Touch for Health
- c) To have the support of the IKC which recommends that registered instructors in the country or area become members of their country's affiliated association
- d) To receive the annual certificate of affiliation
- e) To have a link from the IKC website to the affiliated association's website

This application must have the endorsement of the TFH School Faculty of the country. At least ten active Registered TFH School Instructors of the country or area may request affiliation. Touch for Health School Instructors include Touch for Health Synthesis Instructors, TFH Metaphors Instructors, Touch for Learning Instructors, Touch for Health in Depth Instructors.

Name of country:

Name of TFH School Faculty:

Name of association:

Association address:

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President or administrator's name:

Email address:

Number of members: as 31st December of previous year.

Website address:

Annual fees for affiliation are as follows:

An initial application fee of €50 applies. Please indicate which annual fee applies

Initial application fee:	€50	
Annual fee:	€50	

Method of payment of fees

PayPal only. Contact registrar@ikc.global to arrange invoice.

I understand that annual renewal fees are due and payable by 31st January each year. If annual fees remain unpaid after a period of four months after 31st January of each year, the affiliation ends and all rights and privileges will be withdrawn, including removal of listing from the IKC web site. Re-instatement of affiliation will require a new application including the current application fee. Similar action will be taken in the event that the TFH School affiliated association does not abide by the guidelines of the affiliation agreement.

In applying for affiliation, as representative of the association, I agree to ensure that the requirements and conditions as stated on page 1 of this application are followed.

This association complies with its local legal obligations relating to the practice of kinesiology, and if it holds an official position with a Kinesiology organisation, it is entitled to do so under local laws.

I understand that an agreement will need to be re-signed each year so as to comply with the conditions of the application.

Signature of president or administrator

Date Add association stamp if applicable.

<p>Faculty authorization:</p> <p>I, Faculty of (country) endorse the application for association affiliation with the Touch for Health School of the IKC.</p> <p>Signature Date</p>
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Registered TFH Instructors requesting affiliation (at least ten must be listed). Please print name and address clearly, and have each instructor sign and date application.

1. Name
City Region / State / Province
Signature Date

2. Name
City Region / State / Province
Signature Date

3. Name
City Region / State / Province
Signature Date

4. Name
City Region / State / Province
Signature Date

5. Name
City Region / State / Province
Signature Date

Registered TFH Instructors requesting affiliation (at least ten must be listed). Please print name and address clearly, and have each instructor sign and date application.

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7. Name
City Region / State / Province
Signature Date

8. Name
City Region / State / Province
Signature Date

9. Name
City Region / State / Province
Signature Date

10. Name
City Region / State / Province
Signature Date

Please scan and email to: registrar@ikc.global