

**Australian Professional Kinesiology Academy**  
**South Brisbane – Queensland - Australia**  
**Email: admin@APKA.com.au**  
**Phone (+61) (0)468.618.288**



**Enrollment Form.**  
**Personal Details:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

State \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile Number \_\_\_\_\_

Landline contact: \_\_\_\_\_

Email: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ I identify as Female, Male, Other: \_\_\_\_\_

**Which Course Would You Like To Enroll For? Please tick:**

*\*Please note: your enrollment can only be accepted with accompanying payment.*

**Open to Everyone:**

- Professional Kinesiology Practitioner** – Level 4 (BKP) – 12mths
- Sleep, Sanity, Health & Energy for Shiftworkers (SSS)** – 2 days
- Automatic Fat Loss Course** “Spring into Slim” (AFL) – 8 weeks & 4 Retreat
- Easy Body Balance Course (BBC)** – 2 days
- Total Tranquility** – Tools for Calm Course (TTC) – 1 day
- Crystal Clear** – Understanding & Using the Power of Crystals (CCC) – 2 days
- Master the Invisible:** Spiritual Understanding & Healing Course (MTI)-12mth

**Open to Post-Graduates / Therapists:**

- Professional Kinesiology Practitioner** – Level 4 (BKP) – 12mths
- Mastering the 5 Element Emotions & Meridians (MEM)** – 4 mths
- Facilitating Online Kinesiology Sessions (OKS)** – 2 days
- Reprogramming Energetic Sabotages with Vibrational Tools (RES)** – 2d
- Master the Invisible:** Spiritual Understanding & Healing Course (MTI)-12mth

*Please Note That Post-Graduate Courses Have Pre- Requisites Of At Least Level 4 Kinesiology Practitioner, Competent Touch for Health Level 4 or Certificate IV in Your Health Modality.*

**Please Tell Me A Little About Yourself:**

The training I am interested in is: \_\_\_\_\_

\_\_\_\_\_

I Want to Attend This Training Because: \_\_\_\_\_

\_\_\_\_\_

I Have Done Courses In Natural Health Before: Y / N

Please list the Natural Health courses and any qualifications you have achieved:

\_\_\_\_\_

\_\_\_\_\_

I Have Studied Any Form of Kinesiology Before: Y / N

Please list the Kinesiology courses and any qualifications you have achieved:

\_\_\_\_\_

\_\_\_\_\_

My Background and/or Experience with Natural Health Therapies includes:

\_\_\_\_\_

\_\_\_\_\_

The School Levels I Have Achieved: \_\_\_\_\_

\_\_\_\_\_

My Other Qualifications: \_\_\_\_\_

\_\_\_\_\_

I Believe I Would Be An Asset To The Australian Professional Kinesiology Academy As A Student Because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I Heard About APKA Courses Through:

Internet Google Search – Magazine: \_\_\_\_\_

Expo: \_\_\_\_\_

A Friend or Therapist: \_\_\_\_\_

Other: \_\_\_\_\_

I Intend To Apply For Recognition Of Prior Learning (RPL): Yes / No

If Yes, Please Circle The Subjects You Intend To Request An RPL For:

- Anatomy & Physiology 1
- Anatomy & Pathophysiology 301
- Clinical Safety
- Business Administration
- Manage A Business
- Mentoring
- Research
- Communication
- Nutrition
- Legal Ethics
- Diversity

*Please Note: Completion of The Professional Kinesiology Practitioner Level 4 Is Dependent On Participant Independently Attaining An Up-To-Date Senior First Aid Certificate.*

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I hereby confirm that the information on this application form is true and correct and that it is not misleading or false in any way:

Signed:

\_\_\_\_\_

Name:

\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Please return via email to:  
Australian Professional Kinesiology Academy  
Email: [admin@APKA.com.au](mailto:admin@APKA.com.au)**



## Fees & Payment Options:

### The Professional Kinesiology Practitioner or Master the Invisible - 12mth Courses:

**Option 1:** Fee is \$10,990 incl GST - save \$600-\$1000 in admin fees.

**Option 2:** Pay Deposit of \$2,500 and 12 monthly payments of \$750; total including administration fees is \$11,500.

**Option 3:** Pay Deposit of \$2,000 and \$190 weekly payments for 12mths, total including administration fees is \$11,880.

### Mastering the 5 Element Emotions & Meridians course, 4 mths:

**Option 1:** Fee is \$1,997 including GST.

**Option 2:** Pay Deposit of \$550 and 3 equal monthly payments of \$550.  
(includes 10% administration fees)

### Automatic Fat Loss - 8 week courses\:

**Option 1:** Fee is \$1,497 including GST.

**Option 2:** Pay Deposit of \$500, and 2 monthly payments of \$550, including administration fee total \$1,600.

### Automatic Fat Loss 8 Week Course & 4 day Health Reset Retreat:

**Option 1:** Fee is \$2,497 incl GST. Bring a Friend & Receive \$100 Off Each.

**Option 2:** Pay Deposit of \$500, and the balance paid in equal monthly payments divided by how many months remaining before Retreat Start Date minus 30 days, plus 10% administration fee.

**Option 3:** Pay Deposit of \$500, and the balance paid in equal weekly payments divided by how many weeks remaining before Retreat Start Date minus 30 days, plus 10% administration fee.

### Fees & Payment Options for 1 and 2 day courses:

**Option 1:** Fee for 1 day is \$330 and for 2 days is \$660 (all incl GST).

**Option 2:** Pay Deposit of 50% plus 10% admin fee of \$180 (1 day) or \$360 (for 2 days) respectfully, and the remaining same amount of \$180 or \$360 is due 7 days before the course start date.

### Payments Can Be Made By:

Deposits can be either invoiced and paid via your Credit or Debit card, or you may pay directly to Qudos Bank, Online, or Via Any Westpac Bank Branch  
BSB 704865 - Account Number 00020071

Account Name M.E. Brizuela.

If In Person, Please Advise The Teller To State Your Surname As A Reference.

Regular Weekly or Monthly Payments to be Arranged via CC or Direct Debit only.

Please find our refund policy on our website [www.apka.com.au](http://www.apka.com.au)

I am paying:

1. The full amount of \$ \_\_\_\_\_ to save on fees.
2. The deposit of \$ \_\_\_\_\_ & equal monthly payments of \$ \_\_\_\_\_
3. The deposit of \$ \_\_\_\_\_ & equal weekly payments of \$ \_\_\_\_\_

**Via Direct Debit**, and I use my Surname as my Reference.

Or **Via Invoice**, please email it to: \_\_\_\_\_

## Your Work Details – To Help Us Understand You, Your Experiences & The Demands On Your Time:

I currently work: yes/no. I am currently an at home parent: yes/no

At Work, I Work For: \_\_\_\_\_

My Current Position is: \_\_\_\_\_

I've been doing this for: \_\_\_\_\_

Work Town/City \_\_\_\_\_

State \_\_\_\_\_

Days I Work Each Week: \_\_\_\_\_ Work Hours Per Week: \_\_\_\_\_

I also give my time to (family member/charity): \_\_\_\_\_ per week

### Next Of Kin

Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town & State \_\_\_\_\_

Mobile Number \_\_\_\_\_

Landline contact: \_\_\_\_\_

### Medical Practitioner

Name: \_\_\_\_\_

Clinic Name & Address: \_\_\_\_\_

Town, State: \_\_\_\_\_

State \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile Number \_\_\_\_\_

Landline contact: \_\_\_\_\_

*In Case Of Emergency, I Authorize APKA Or Any Member Of Its Staff  
(Including Contract Staff) To Call An Ambulance On My Behalf And/Or Send  
Me To An Appropriate Medical Practitioner. I Accept That I Will Be  
Responsible For Any Costs Incurred.*

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_