**Student/Practitioner Supervised Clinic Form**

**Please note: These hours are strictly for kinesiology balances performed on members of the general public and not student to student practice.**

This form is to be completed for **the required hours of Supervised Clinic** according to the qualification you are working towards (20 hours for Level 4 and 50 hours for Level 5 of the total 200 hours required under the AKA practitioner levels). For the remaining hours (150 hours), please complete the Student/Practitioner Mentored Clinic Form.

Student/Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College/RTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following items are suggested questions that could be discussed for supervised sessions:**

1. Evaluation and review of the kinesiology balance (from the student/practitioner).
2. What modalities were used, e.g. Touch For Health, Brain Gym, LEAP.
3. What went well?
4. What could be improved?
5. What difficulties were faced?
6. Did the client feel/notice a difference? (How was this measured?)
7. Any other feedback from the client?
8. Questions from Student/Practitioner

**Supervisor Responsibilities**

1. The Supervisor’s records of the supervised session must match the Student/Practitioner’s records. This is for recording of the actual discussion of the supervised session e.g. Date, Time, Client ID etc. so that the AKA Office staff can easily match the details from Supervisor to Student/Practitioner and record the hours as approved.
2. ***The Supervisor may choose to keep a separate record of the information discussed in the mentoring session for auditing purposes, however this is not mandatory***.

**Student/Practitioner Responsibilities**

1. Your records of your supervised session need to match your Clinical Supervisor’s details, e.g. Date, Time, Client ID etc. so that the AKA Office staff can easily match the details from Supervisor to Student/Practitioner and record the hours as approved.
2. You can only record supervised sessions where you have worked on a member of the general public.
3. For level 4 members (20 hours Supervised Clinic + 30 hours Mentored Clinic), the student/practitioner is required to conduct kinesiology sessions for a minimum of 10 clients, 3 of whom must be seen for a minimum of three (3) sessions. For level 5 members (50 hours Supervised Clinic + 150 hours Mentored Clinic), the student/practitioner is required to conduct kinesiology sessions for a minimum of 40 clients, 10 of whom must be seen for a minimum of three (3) sessions. These clients must include both males and females of varying ages with various presentations.
	1. **PLEASE NOTE:** THE MINIMUM REQUIREMENT OF THE NUMBER OF CLIENTS CAN BE SPREAD OUT BETWEEN SUPERVISED CLINIC & MENTORED CLINIC.
4. ***It is the responsibility of the student/practitioner to keep records of the mentoring discussions for auditing purposes, outlining any questions asked and their outcomes/answers. A form has been provided at the end of this document or you can make notes on the paperwork of your balance details****.*

**CONFIDENTIALITY: Client confidentiality must be maintained at all times. Please ensure that client identity is coded for privacy and confidentiality.**

Student/Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**(of supervised session) | **Supervisor Name** | **Supervisor Signature** | **Kinesiology Balance Details**(Date, Client ID\*, Modalities used)*\*For confidentiality reasons, please use a code to identify your client* | **How was Supervision performed**(e.g. Student Clinic, Practitioner’s Clinic) | **# Hours Supervised** (Time taken to perform balance) | **Record of Supervised session** (kept for audit purposes) |
| 01/10/15 | Brad Lyons | B Lyons | 01/10/15, M.S., Footscray | Student Clinic | 1 hour | Yes |
| 08/10/15 | Brad Lyons | B Lyons | 08/10/15, Client #7, Footscray | Student Clinic | 1 hour | Yes |
| 15/10/15 | Brad Lyons | B Lyons | 15/10/15 A. Footscray | Student Clinic | 1.5 hours | Yes |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Student/Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**(of supervised session) | **Supervisor Name** | **Supervisor Signature** | **Kinesiology Balance Details**(Date, Client ID\*, Modalities used)*\*For confidentiality reasons, please use a code to identify your client* | **How was Supervision performed**(e.g. Student Clinic, Practitioner’s Clinic) | **# Hours Supervised** (Time taken to perform balance) | **Record of Supervised session** (kept for audit purposes) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Total Hours Mentoring Provided**

**Please print off extra forms as required**

**Student/Practitioner Mentored Clinic Form**

**Please note: These hours are strictly for kinesiology balances performed on members of the general public and not student to student practice.**

This form is to be completed for **the required hours of Mentored Clinic** (of the 200 hours required under the AKA practitioner levels). For (up to) the first 50 hours, please complete the Student/Practitioner Supervised Clinic Form if required.

Student/Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College/RTO or Workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following items are suggested questions that could discussed for mentoring sessions:**

1. Evaluation and review of the kinesiology balance.
2. What modalities were used, e.g. Touch For Health, Brain Gym, LEAP.
3. What went well?
4. What could be improved?
5. What difficulties were faced?
6. Did the client feel/notice a difference? (How was this measured?)
7. Any other feedback from the client?
8. Questions from Student/Practitioner

**See next page for responsibilities of the Mentor and Student/Practitioner.**

**Student/Practitioner Responsibilities**

1. Your records of your mentoring session must match your Clinical Mentor’s records, e.g. Date, Time, Client ID etc. so that the AKA Office staff can easily match the details from Mentor to Student/Practitioner and record the hours as approved.
2. Ensure that your mentor is qualified at or above your level. For example:
	1. If you are a student, your mentor can be:
		1. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice ***or above***; or
		2. A Clinical Supervisor
	2. If you are a Level 1 or Level 4 Practitioner, your mentor can be:
		1. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice ***or above***; or
		2. A Clinical Supervisor
	3. If you are a Level 2 or Level 5 Practitioner, your mentor can be:
		1. Qualified at Diploma in Kinesiology or equivalent, Level 2 Practitioner, Level 5 Practitioner – all with 2 years clinical practice ***or above***; or
		2. A Clinical Supervisor
	4. If you are a Level 3 or Level 6 Practitioner, your mentor can be:
		1. Level 3 Practitioner or Level 6 Practitioner; or
		2. A Clinical Supervisor
3. For level 4 members (20 hours Supervised Clinic + 30 hours Mentored Clinic), the student/practitioner is required to conduct kinesiology sessions for a minimum of 10 clients, 3 of whom must be seen for a minimum of three (3) sessions. For level 5 members (50 hours Supervised Clinic + 150 hours Mentored Clinic), the student/practitioner is required to conduct kinesiology sessions for a minimum of 40 clients, 10 of whom must be seen for a minimum of three (3) sessions. These clients must include both males and females of varying ages with various presentations
	1. PLEASE NOTE: THE MINIMUM REQUIREMENT OF THE NUMBER OF CLIENTS CAN BE SPREAD OUT BETWEEN SUPERVISED CLINIC & MENTORED CLINIC.
4. *It is the responsibility of the student/practitioner to keep records of the mentoring discussions for auditing purposes, outlining the questions above and their outcomes/answers.* ***A form has been provided below.***

**Mentor Responsibilities**

1. TheMentor’sformrecordsofthementoringsessionmustmatchtheStudent/Practitioner’s records. This is for recording of the actual discussion of the mentored session e.g. Date, Time, Client ID etc. so that the AKA Office staff can easily match the details from Mentor to Student/Practitioner and record the hours as approved.
2. The Mentor ***must not*** mentor anyone ***above*** their own qualification level.
3. ***The Mentor needs to keep a separate record of the information discussed in the mentoring session for auditing purposes, outlining the questions asked and their outcomes/answers.***

**CONFIDENTIALITY: Client confidentiality must be maintained at all times. Please ensure that client identity is coded for privacy and confidentiality.**

Student/Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**(of mentoring session) | **Allocated time for mentoring session** | **Mentor Name and Qualification Level** | **Mentor Signature** | **Kinesiology Balance Details**(Date, Client ID\*, Modalities used)*\*For confidentiality reasons, please use a code to identify your client* | **How was mentoring performed**(e.g. Skype, face to face, phone consultation etc.) | **# Hours Mentored**(Time taken to perform balance) | **Record of mentoring session** (kept for audit purposes) |
| 7/11/15 | 30 minutes | Carol Nunn (L2) | C Nunn | 22/10/15, B.A., TFH | Face to Face | 1 hour | Yes |
| 7/11/15 | Carol Nunn (L2) | C Nunn | 23/10/15, Client #3, Brain Gym | Face to Face | 1.5 hours | Yes |
| 3/12/15 | 15 minutes | David Simpkins (L5) | D Simpkins | 30/11/15, Orange, LEAP | Phone | 1 hour | Yes |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Student/Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**(of mentoring session) | **Allocated time for mentoring session** | **Mentor Name and Qualification Level** | **Mentor Signature** | **Kinesiology Balance Details**(Date, Client ID\*, Modalities used)*\*For confidentiality reasons, please use a code to identify your client* | **How was mentoring performed**(e.g. Skype, face to face, phone consultation etc.) | **# Hours Mentored**(Time taken to perform balance) | **Record of mentoring session** (kept for audit purposes) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Total Hours Mentored Clinic**

**Please print off extra forms as required**

**PRACTITIONER/STUDENT SUPERVISED CLINIC & MENTORING RECORD**

**FOR PRACTITIONER/STUDENT RECORDS ONLY.** This form can be used for recording information from your supervised/mentoring session or you may have your own form that you can use.

|  |  |
| --- | --- |
| **DATE:** |  |
| **KINESIOLOGIST/STUDENT NAME:** |  |
| **MENTOR/SUPERVISOR NAME:** |  |
| **MENTOR’S/SUPERVISOR’S QUALIFICATION:** |  |
| **CLIENT(S) IDENTIFICATION:** |  |
| **DATE(S) OF BALANCE/S:** |  |
| **NUMBER OF BALANCES TO BE DISCUSSED:** |  |
| **KINESIOLOGY BALANCE HOURS TO BE CLAIMED: (e.g. 1 ½ hours, 1 ¼ hours, 1 hour = 3 ¾ hours)** |  |

|  |  |
| --- | --- |
| **TOPICS COVERED** | **COMMENTS/DISCUSSION:** |
| Evaluation, review and overview of kinesiology balance performed by practitioner/student:(Client is greeted in a professional manner and rapport established, comprehensive client intake, explanation of what kinesiology is, goals set, rating 0-10 scale etc.) |  |
| Additional comments by mentor/supervisor: |  |
| What modalities were used during the kinesiology balance?E.g. Touch for Health, Brain Gym, LEAP, Chakra etc. |  |
| **TOPICS COVERED** | **COMMENTS/DISCUSSION:** |
| What went well? |  |
| What could be improved? |  |
| What difficulties were faced? |  |
| Did the client feel or notice a difference?How was this measured? |  |
| Any other feedback from the client? |  |
| Questions from practitioner/student?  |  |
| **TOPICS COVERED** | **COMMENTS/DISCUSSION:** |
| Any innovation or insight learned from the supervised/mentoring session? |  |
| General comments/feedback from mentor/supervisor: |  |
| Additional Notes: |  |

**SUMMARY OF SUPERVISION/MENTORING:**

|  |  |  |  |
| --- | --- | --- | --- |
| **MENTORING/SUPERVISION DETAILS:** | **RECORD:** | **AKA REQUIREMENT:** | **MET:** |
| Total Male Clients: |  | Males of varying ages: |  |
| Total Female Clients: |  | Females of varying ages: |  |
| Total Client sessions completed: |  | Minimum 10 (level 4), Minimum 40 (level 5) clients |  |
| Total kinesiology balance hours: |  | 20 hours (level 4) 50 hours (level 5) Supervised Clinic |  |
| Number of clients seen at least 3 times (min 3 [level 4], min 10 [level 5] clients): |  | 150 hours Mentored Clinic |  |