APPLICATION FOR ACCREDITATION OF A FELDENKRAIS PROFESSIONAL TRAINING PROGRAM

Training and Accreditation Policies (TAPs):

It is a requirement of the Australian Training and Accreditation Board that the applicant for accreditation accepts the Training and Accreditation Policies (TAPs) controlling the training of Feldenkrais Practitioners.

Click here to read the policies.

Tick box to certify that you have read and accept the Training and Accreditation Policies (TAPs) and agree to contract with AusTAB to deliver the program described in this application.

Accept ☐ Date (format dd/mm/yyyy)

PART 1 – DETAILS OF PROGRAM ORGANISATION

Your Organisation

Name

Postal Address

Email

Telephone  Mobile  Business  Other

Status of organisation

Relevant Country Business Registration Number (If applicable)

Are you registered for VAT/ GST/Consumption Tax/GBRT?

Yes ☐  No ☐
PART 2 – DETAILS OF PROPOSED PROGRAM

Section A – Program Details

Name of Program

Location (town and country)

Start date  Completion date

Planned Program Schedule

Year 1

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<th>Segments</th>
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<th>Days per segment</th>
<th>Name of Trainer</th>
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Total days:

Year 2

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Total days:

Year 3

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Total days:

Year 4

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Total days:

Are all trainers members of the relevant Feldenkrais Guild?

Yes ☐  No ☐
Section B – Program Administrator Details

Name
Postal Address
Email

Telephone

Mobile
Business

Qualifications and Duties

Section C – Educational Director Details

Name
Postal Address
Email

Telephone

Mobile
Business

Professional Qualifications

Qualifications and Training Experience since Certification and Duties
PART 3 –POLICIES, CONTRACT AND PAYMENT

Attachments:

Please confirm that each of the following documents is attached to the application as required by TAPs:

1. A statement and signature from each intended Trainer confirming that they have accepted a contract to undertake the training allocated to them in the Schedule shown in Part 2, Section A. (TAP 8)

2. An educational plan concisely describing, among other things, the general and specific skills and functional capabilities that will be fostered and the strategies to be used to provide learning experiences and ongoing feedback and evaluation as the program progresses. (TAPs 8,18,22,23,24)

3. A copy of the contract that will be entered into between the training organisation and trainees. (TAP 8 & 20) A recommended contract format is available as an appendix to the TAP’s.

Confirmed Yes ☐ No ☐

Section C – Payment:

1. On receipt of the completed and signed application form an invoice will be sent to you by the National Secretariat of the Australian Feldenkrais Guild. This invoice will provide payment option details.

Assessment of the application commences on receipt of the payment.
PART 4 – EVALUATION TO BE COMPLETED BY AUSTAB REVIEWER

Section A – Review and Evaluation:

Name of Reviewer -

I have reviewed the application from (insert name of program organisation)

for FPTP accreditation and recommend to AusTAB:

☐ That, having met all the requirements, the application be approved.

☐ That the application be provisionally approved pending the applicant satisfying the following additional modest adjustments:

☐ That the application be rejected on the following grounds:

Signed

Name of Reviewer

Date

Section B – Review and Evaluation of revised application (if applicable)

I have reviewed the revised application from (insert name of program organisation)

for FPTP accreditation and recommend to AusTAB:

☐ That, having now met all the requirements, the application be approved.

☐ That the application be rejected on the following grounds:

Signed

Name of Reviewer

Date