

Nomination Form - IKC Awards

International Kinesiology College awards may be granted when an individual has shown dedication and significant contribution to the growth of Touch for Health and kinesiology.

Nominations should be made by current members of the International Kinesiology College using the official IKC Awards Nomination Form. The nominee must be personally known to the proposer.

Award categories include the following:

John Thie Award

This may be awarded annually unless there are exceptional circumstances. Consideration is given to the nominee's background, qualifications, achievements in the field of health / kinesiology, and significant contributions to Touch for Health and kinesiology.

IKC Plaque Award

This may be awarded annually to recipients who have shown their commitment to the IKC, Touch for Health, kinesiology and their community.

IKC Certificate Award

This may be awarded annually to recipients who have contributed to the growth of Touch for Health and kinesiology in their community.

Please note

The award proposer must complete the form with as much up to date information as possible and with clear reasons for the award. The Executive Board of the IKC has the right to decide how much or if any of the information provided is used on the award, and on any other promotional material it wishes to use. The nomination form should be submitted to the IKC public relations officer by 31st January of the year of the IKC annual general meeting and / or conference at which the award will be given.

Award recipients will be asked to sign a release for permission to publish their name and image on IKC material.

Plaque and Certificate Award recipients should indicate that they will be available at the IKC conference at the time of the award presentation.

Submission of the nomination form does not guarantee the success of the application. Potential recipients should not be told of the award nomination until such time as it has been processed and endorsed by the Executive Board of the IKC.

Recipients of the John Thie Award may not necessarily be advised of their award prior to the presentation. If possible, the sponsor should indicate whether the recipient will be attending the conference.

Nomination Form - IKC Awards

John Thie Award

Nominee's name	
Country	
Sponsor's name	
IKC contact person	
Contact information	

Please provide information about the person being nominated for the award

Is the nominee a member of the IKC? If yes, state time period	
How has the nominee served Touch for Health / Kinesiology?	
List nominee's memberships / associations	

John Thie Award

Nominee's background:

Qualifications achieved:

Publications:

Office bearing positions / roles served on boards and committees

Service to the community

Other outstanding achievements / awards

Recipient will be available at the IKC conference to collect award **Yes** **No**

Office use only

Date of nomination			
Award category	<input type="checkbox"/> John Thie Award	<input type="checkbox"/> Plaque	<input type="checkbox"/> Certificate
Award year and venue			
Processed by			
Permission to publish			
Approved by		Date	

Nomination Form - IKC Awards

IKC Plaque Award

Nominee's name	
Country	
Sponsor's name	
IKC contact person	
Contact information	

Please provide information about the person being nominated for the award

Is the nominee a member of the IKC? If yes, state time period	
How has the nominee served Touch for Health / Kinesiology? See guidelines below.	
List nominee's memberships / associations	

IKC Plaque Award

Office bearing positions / roles served on boards and committees

Length of time as active kinesiologist

Outcomes for service to the community

Recipient will be available at the IKC conference to collect award **Yes** **No**

Office use only

Date of nomination			
Award category	<input type="checkbox"/> John Thie Award	<input type="checkbox"/> Plaque	<input type="checkbox"/> Certificate
Award year and venue			
Processed by			
Permission to publish			
Approved by		Date	

Nomination Form - IKC Awards

IKC Certificate Award

Nominee's name	
Country	
Sponsor's name	
IKC contact person	
Contact information	

Please provide information about the person being nominated for the award

Is the nominee a member of the IKC? If yes, state time period	
How has the nominee served Touch for Health / Kinesiology? See guidelines below.	
List nominee's memberships / associations	

IKC Certificate Award

Office bearing positions / roles served on boards and committees:

Service to the community:

Service to Touch for Health and Kinesiology:

Recipient will be available at the IKC conference to collect award Yes No

Office use only

Date of nomination			
Award category	<input type="checkbox"/> John Thie Award	<input type="checkbox"/> Plaque	<input type="checkbox"/> Certificate
Award year and venue			
Processed by			
Permission to publish			
Approved by		Date	