



AEFL Provider Activity Form

All AEFL Providers must complete professional development activities each year for their membership.

From July 1st, 2023, all AEFL Providers will be required to complete this Continuous Professional Development Form to be formally recognised as a AEFL provider.

Each year this form is to be submitted with the relevant documentation and proof of any other documentation that support your efforts towards being a AEFL provider.

By implementing this system, AEFL are able to monitor its practitioners, adhere to guidelines, codes of practise and ensure skills and safety levels are set to standards for all parties involved in the practise of EFL.

Facilitators must earn a minimum of **twelve (12) points** as per the table below in order to renew your membership.

For practitioners who are non-practicing EFL, you do not have to fill out this form or pay your membership fee. If you are found to be practicing/advertising EFL or any variant, you will be required to fill out this form and pay your membership fee or you may find your certification revoked.

In general, any activity, course or workshop that can be seen as to benefit the facilitator in their professional development will count as points.

Once you have completed your AEFL Provider Activity Form – Please submit via the online upload portal.

Facilitator Full Name:			
Receipt/Transaction Number:			
Compulsory Activities			
Copies of these documents must be submitted with the membership payment on the website			
Activity Type	Date Achieved	Company/Coordinator/Other	Points
Attend a Clinic or Re-Certification clinic (Valid for 1yr)			2
Achieve a Level Completion Certificate (Valid for 3yrs)			3
First Aid Certificate & CPR (Valid for 3yrs)			1
Working With Children (Blue Card)/ Disability Workers Screening (Yellow Card) (Valid for 5yrs)			1
Insurance Certificate of Currency (To be provided annually)			1
Copy of Ethics & Standards Document Submitted			1



Other Continuous Professional Development Activities

Copies of these documents must be submitted with the membership payment on the website

Activity Type	Date Achieved	Company/Coordinator/Other	Points
Facilitate Fulltime (min 25hrs) – Provide Session notes			8
Facilitate Part time (max 25) – Provide Session notes			4
Facilitate with a Trainer/mentor supervision – Name, date, location & signature of Trainer			3
Complete an AEFL online Learning Module – Copy of Certificate (Pre-requisite for clinics not accepted)			3
Actively work towards other Tertiary Education – Start date, location & type/name			3
Participate as a client at a clinic day/host – trainer/host name, date & sign			2
Write a 500+ word article about the principles of EFL and the importance it has?			6
Mentor/Support a lower level AEFL facilitator or trainee (L2 & L3 only) – Provide Evidence			6
Complete NDIS Orientation Module, NDIS New Workers Module or NDIS, NDIS Supporting Effective Communication, Community Coaching principles (All Certificates)			2
Complete COVID-19 Health Training Modules (1-17) (All Certificates)			2

Declaration & Signature

I acknowledge that by signing this declaration I am providing true and accurate information. If it is subsequently proven that the information which I have provided is untrue, false, incomplete, or misleading, then I acknowledge and accept that I may be subject to sanction under AEFL's applicable rules and policies.

Signature:

Name:

Date