



ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

A clinical interest group of the Chartered Society of Physiotherapy

MEMBERSHIP SUBSCRIPTION 2012

Please complete the form below and send with your subscription – either cheque (payable to 'APCP') or Direct Debit

Instruction to: **APCP, PO Box 610, Huntingdon, PE29 9FJ**

FULL NAME:
ADDRESS FOR APCP CORRESPONDENCE:
POST CODE:
EMAIL (PREFERRED EMAIL ONLY):

➤ **MEMBERSHIP DETAILS:**

CSP No. Without your CSP number you will only be registered as an Associate member

Tick either 'new member' or 'renewing member':

NEW MEMBER RENEWING MEMBER

If a renewing member:

APCP No. (if known): **APCP Region (if known):**

➤ **SUBSCRIPTION FEE:** tick *one* of the 5 subscription categories:

- a) FULL MEMBERSHIP – CSP member - practicing physiotherapist (**£40.00**):
- a) ASSOCIATE (PROFESSIONAL) – practicing physiotherapist (non CSP member), or other professional (**£40.00**):
- b) ASSOCIATE (RETIRED) (**£20.00**):
- d) ASSOCIATE (ASSISTANT) (**£20.00**):
- e) ASSOCIATE (STUDENT) (**£20.00**):

<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>

➤ **PAYMENT:** tick *one* of the following options:

- a) I enclose a cheque payable to 'APCP'
- b) I enclose a Direct Debit Instruction
- c) Please send me an invoice so that I can pay by direct transfer

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- **SPECIALIST GROUPS:** *APCP has a number of specialist groups to support members' practice in specific areas – please indicate which groups you would like to register with, whether or not you are already registered with them (further information about the specialist groups can be found on the APCP website):*

Neuromuscular Group

Paediatric Physiotherapists in Management Support Group

Neonatal Group

Musculoskeletal Group

- **INFORMATION ABOUT YOUR WORK PLACE:** *to help us understand more about the needs of our membership, please complete the following section relating to your primary employment.*

PLACE OF WORK:
ADDRESS:
POST CODE:
WORK TELEPHONE No:
JOB TITLE & BAND:
EMPLOYER (e.g. NHS, charity, education, private practice):

- **DATA PROTECTION:** APCP will process your personal information in accordance with the Data Protection Act 1998. The information you have provided will be used and held by APCP to process your application and will become part of your membership record. We will not share your data with third parties without your prior consent (see below) unless, exceptionally we are ordered to do so by the Information Commissioner.
- **RESEARCH QUESTIONNAIRES** - occasionally APCP is approached by higher education institutions that are looking to contact paediatric physiotherapists to participate in research studies.

Please tick the box if you are willing for your work contact details to be shared with higher education institutions to participate in research studies.

Signature:

Date: