



ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

A clinical interest group of the Chartered Society of Physiotherapy

MEMBERSHIP SUBSCRIPTION 2010

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):

PLEASE TICK IF YOU WOULD LIKE INFORMATION ABOUT APCP ACTIVITIES TO BE EMAILED TO YOU

➤ **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**):

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

a) I enclose a cheque payable to ‘APCP’

b) I enclose a Direct Debit Instruction

➤ **SPECIALIST GROUPS:** *APCP has a number of specialist groups to supports 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 group can be found on the APCP website):*

- | | | |
|--|--------------------------|----------------------------|
| a) Neuromuscular Group | <input type="checkbox"/> | complete section 'a' below |
| b) Paediatric Physiotherapists in Management Support (PPIMS) | <input type="checkbox"/> | complete section 'b' below |
| c) Neonatal Group | <input type="checkbox"/> | complete section 'c' below |
| d) Musculoskeletal Group | <input type="checkbox"/> | complete section 'd' below |

a) Neuromuscular Group: *only complete this section if you are, or would like to be, registered with the NM Group*

- 1) What percentage of your time do you spend treating NM patients?
- | | | | | | |
|---------------|--------------------------|--------|--------------------------|---------------|--------------------------|
| More than 75% | <input type="checkbox"/> | 25-75% | <input type="checkbox"/> | Less than 25% | <input type="checkbox"/> |
|---------------|--------------------------|--------|--------------------------|---------------|--------------------------|
- 2) Place of work ('x' all that apply):
- | | | | | | |
|-----------------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|
| Specialist NM Service | <input type="checkbox"/> | Hospital-based | <input type="checkbox"/> | Community-based | <input type="checkbox"/> |
|-----------------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|

b) PPIMS: *only complete this section if you are, or would like to be, registered with PPIMS*

- 1) Member of ACPM (YES/NO)
- 2) Budget holder (YES/NO):
- 3) No. of staff responsible for:
- 4) Type of service managed ('x' as appropriate):
- | | | | | | |
|--------|--------------------------|------------|--------------------------|-----------|--------------------------|
| Acute: | <input type="checkbox"/> | Community: | <input type="checkbox"/> | Combined: | <input type="checkbox"/> |
|--------|--------------------------|------------|--------------------------|-----------|--------------------------|
- 5) If hospital based, state type and no. of beds ('x' as appropriate):
- | | | | | | |
|-----------|--------------------------|----------|--------------------------|------------------------|--------------------------|
| District: | <input type="checkbox"/> | General: | <input type="checkbox"/> | Specialist Children's: | <input type="checkbox"/> |
|-----------|--------------------------|----------|--------------------------|------------------------|--------------------------|
- No. of beds:
- 6) Additional responsibilities ('x' any that apply):
- | | |
|--|--------------------------|
| Children's Therapy Services | <input type="checkbox"/> |
| Occupational Therapy | <input type="checkbox"/> |
| SALT | <input type="checkbox"/> |
| CAMHS | <input type="checkbox"/> |
| Orthotic Services | <input type="checkbox"/> |
| Children's Directorate / Divisional Management | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |
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c) Neonatal Group: *only complete this section if you are, or would like to be, registered with the Neonatal Group*

1) Type of Neonatal Unit (e.g. ICU, HDU, low dependency):

2) Number of beds on Unit:

3) Type of neonatal input provided ('x' as appropriate):

Respiratory only:	<input type="checkbox"/>	Neurodevelopment only:	<input type="checkbox"/>	Both:	<input type="checkbox"/>
Hospital Based:	<input type="checkbox"/>	Community Based:	<input type="checkbox"/>	Both:	<input type="checkbox"/>

4) What percentage of your time do you spend treating neonates?

More than 75%	<input type="checkbox"/>	25-75%	<input type="checkbox"/>	Less than 25%	<input type="checkbox"/>
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d) Musculoskeletal Group: *only complete this section if you are, or would like to be, registered with the MSK Group*

1) What percentage of your time do you spend treating paediatric MSK patients?

More than 75%	<input type="checkbox"/>	25-75%	<input type="checkbox"/>	Less than 25%	<input type="checkbox"/>
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2) Place of work ('x' all that apply):

Primary Care:	<input type="checkbox"/>	Secondary Care:	<input type="checkbox"/>	Outpatients:	<input type="checkbox"/>
Inpatients:	<input type="checkbox"/>	Private Practice:	<input type="checkbox"/>	Schools:	<input type="checkbox"/>
Community:	<input type="checkbox"/>	Other:	<input type="checkbox"/>		

3) Areas that you are prepared to share practice ('x' all that apply):

Talipes / clubfoot:	<input type="checkbox"/>	Plagiocephaly/torticollis:	<input type="checkbox"/>	Lower limb:	<input type="checkbox"/>
Hip screening:	<input type="checkbox"/>	Hypermobility:	<input type="checkbox"/>	Spine:	<input type="checkbox"/>
Normal variants:	<input type="checkbox"/>	MSK clinics:	<input type="checkbox"/>	Core stability / pilates:	<input type="checkbox"/>
Sports injury	<input type="checkbox"/>	Upper limb:	<input type="checkbox"/>		

➤ **ADDITIONAL SPECIALIST GROUPS:** *to help us plan for the future, please indicate if you would be interested in the development of any of the following groups:*

Neurodevelopmental Group:	<input type="checkbox"/>	
Rheumatology Group:	<input type="checkbox"/>	
Respiratory Group:	<input type="checkbox"/>	
Private Practice:	<input type="checkbox"/>	
Other (please specify):		<input style="width: 100%; height: 20px;" type="text"/>

- **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):

- **RESEARCH:** *please tell us about any research or audit work that you are currently involved with:*

- **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: