

Please complete and return this Application Form and Database Questionnaire with your membership fee to Tracy Long - ACPOHE Membership Administrator. Upon receipt a new members pack will be sent to you. If you have any queries please contact Tracy Long at acpohe@rehabworks.co.uk or the ACPOHE Membership Secretary Therese Darcy at jan.vickery@milligan-and-hill.co.uk.

Please note that ACPOHE Membership runs from January each year. Applications received from Nov 1st onwards will cover membership for the following year.

ACPOHE



FULL MEMBER APPLICATION FORM

NAME:

CONTACT TEL. NO(s):

EMAIL ADDRESS:

MAILING ADDRESS:

DATE:

SIGNED:

Please tick which options apply:

- I would like to become a member of ACPOHE for 2009 and enclose a cheque for £35 payable to “ACPOHE” as I am based in the United Kingdom.
- I would like to become a member of ACPOHE for 2009 and enclose a cheque for £40 payable to “ACPOHE” as I am based outside the United Kingdom.
- From January 2010 I would like to pay by standing order (**please complete section B**).
- I require a receipt of payment to be sent to the above mailing address.
- I would like my details to feature on the “Find a Physio” section of the ACPOHE website – www.acpohe.org.uk as indicated on the enclosed completed database questionnaire

SECTION B

**ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS IN
OCCUPATIONAL HEALTH & ERGONOMICS**

Standing Order Request

To: (Your Bank) Account Name:

Bank Address:

.....

Account Number: Sort Code:

Please pay **£35.00 / £40.00** on 1st January 2010 and then annually on the 1st January, until further notice to the National Westminster Bank, North Street, Ashton, Bristol, BS3 1JB (Sort Code 52-10-00) to the account of the Association of Chartered Physiotherapists in Occupational Health (Account Number: 00875546). **Please cancel all previous Standing Orders to this account and use my name as the payment reference.**

Name: Signature: Date:.....

REGISTER OF MEMBERS DATABASE



Please complete this database form by either inserting the details, ticking or circling the appropriate response.

Please print clearly, with black pen

Please also see guidance notes attached to this application form to ensure that you provide your contact information, in the correct format, for the Physio Near You site, if applicable

Title	Dr/Mr/Mrs/Miss/Ms/Prof		DOB	
First Name				
Surname				
Home Name				
Home Address				
Town/City				
County				
Postcode				
Tel No.				
Mobile No.				
Fax No.				
Email Address				
Website Address (if applicable)				

Employers name	
Department	
Address 1	
Address 2	
Town/City	
County	
Postcode	
Tel No.	
Mobile No.	
Fax No.	
E-mail	
Web Address (if applicable)	

Work address (if different from above)

	Work 1 (W1)	Work 2 (W2)	Work 3(W3)
Company Name			
Department			
Address 1			
Address 2			
Town/City			
County			
Postcode			
Tel No.			
Fax			

Preferred postal address

Home
 Employer
 Work 1
 Work 2
 Work 3

Preferred email address

Home Employer Both

Happy for ACPOHE to distribute information to the following third parties

Other ACPOHE Members Other OH / Medical Groups For research purposes For marketing purposes To other commercial organisations

I do not want any of this information distributed to any third parties at all

Happy for the following details to be published on the website public domain

My home contact details My employer contact details My alternate work details – W1 W2 W3

My services offered details (see below) My areas of work details (see below) NB: Maximum of 2 sets of contact details permitted

Physiotherapy Qualification

	✓	Details	Date
MCSP		Please provide CSP No:	
Grad. Dip/BSc			
Other			

Additional Qualifications

	✓	Details	Date
Cert OH			
Cert OH (ADV) UEA			
Grad Dip Man Ther			
MSc Ergonomics			
Any other Masters			
Any other MSc			
PhD			
Other			

ACPOHE Accredited Core Skills Courses (please tick if you attended the following)

	✓	Details
Ergonomics (commenced 2000)		
Occ Health (commenced 2002)		

Professional Memberships (please tick)

	Yes	No	Comment
MErgs			
FErgs			
CREE			
MIOSH			
FIOSH			
SIGs/CIGs			
OCPPP			
Other			

Employment Status (please tick and give any further details)

	✓	Details	P/Time	F/Time
NHS Employee				
Private Practice – employee				
Private Practice – other (eg Associate)				
Company employee				
Self Employed				
Private Consultant				
Education				
Other				

In total how many hours a week do you work in Occupational Health

Do you do other non Occupational Health work Yes No If Yes, details:

Do you work in Occ Health Full time Part time

How many years have you worked in Occ. Health Full time Part time

Do you or the employees you are responsible for, work in any of the following areas:-

Area	Yes	No	Comment on type of business (e.g. automobile, pharmaceuticals, etc)
Public Sector			
Private Sector			
Public & Private Sector			
Office based			
Retail			
Manufacturing			
Food Production			
Heavy Industry			
NHS			
Other			

Is your employer willing to take students on placement? Yes No Unsure

Is the company you work in willing to accommodate group visits/site tours Yes No Unsure

Is the company you work in willing to allow photographs of physiotherapists in the workplace Yes No Unsure

Please mark those that apply

Services	Specialism	Services Offered NB: (will feature on web if indicated)	Available for freelance work	Available for Lecturing/ Presentations
Individual Ass & Treatment				
Pre-employment Assess				
Return to work Asses				
Disability Evaluation				
Fitness Testing				
Functional Capacity Eval.				
Work Hardening				
Functional Restoration Programs				
Exercise/Self Management Classes				
Pain Management Programs				
Job Demands Analysis				
Generic Risk Assess.				
Expert Witness				
Stress Management				
Research				
Education				
Product Evaluation				
Manual Handling Training - Inanimate objects				
Manual Handling Risk Assess – inanimate objects				
Patient Handling Training				
Patient Handling Risk Assess.				
DSE Training				
DSE Risk Assessment				
Ergonomics Projects				
Health Promotion				

Please send these forms to:

**Ms Tracy Long
ACPOHE Membership Administrator
c/o Bury Physio
Maynewater Lane
Bury St Edmunds
Suffolk IP33 2AB**

Guidance Notes for “Physio Near You” Contact Information



- The maximum number of contact addresses that can feature on the web page is **2**.
- The maximum number of lines in each address is 6:
 - Home Name / Department
 - Address 1
 - Address 2
 - Address 3
 - Town / City
 - County
 - Postcode
- In order for the database to work effectively please ensure that you fill in the Town/City and the County sections accurately.
 - For example if you live in the suburb of Hounslow in London, the Town / City line would be filled in as – **Hounslow, London** (i.e with a comma in between suburb and city). If this is done the database will search under both Hounslow and London.
 - The county for this address would then be Greater London.
 - All county names that feature on the database are shown below. Therefore only one of these counties should feature in your address.

England	England cont	Wales	Scotland	Northern Ireland
Bedfordshire	Norfolk	Anglesey	Aberdeenshire	County Antrim
Berkshire	North Yorkshire	Brecknockshire	Angus	County Armagh
Buckinghamshire	Northamptonshire	Caernarfonshire	Argyllshire	County Down
Cambridgeshire	Northumberland	Carmarthenshire	Ayrshire	County Fermanagh
Channel Islands	Nottinghamshire	Cardiganshire	Banffshire	County Londonderry
Cheshire	Oxfordshire	Denbighshire	Berwickshire	County Louth
City of London	Rutland	Flintshire	Buteshire	County Tyrone
Cornwall	Shropshire	Glamorgan	Cromartyshire	
Cumbria	Somerset	Merioneth	Caithness	
Derbyshire	South Yorkshire	Monmouthshire	Clackmannanshire	
Devon	Staffordshire	Montgomeryshire	Dumbriesshire	
Dorset	Suffolk	Pembrokeshire	Dunbartonshire	
Durham	Surrey	Radnorshire	East Lothian	
East Riding of Yorkshire	Tyne and Wear		Fife	
East Sussex	Warwickshire		Inverness-shire	
Essex	West Midlands		Kincardineshire	
Gloucestershire	West Sussex		Kinross	
Greater London	West Yorkshire		Kirkcudbrightshire	
Greater Manchester	Wiltshire		Lanarkshire	
Hampshire	Worcestershire		Midlothian	
Herefordshire			Morayshire	
Hertfordshire			Nairnshire	
Isle of Wight			Orkney	
Kent			Peeblesshire	
Lancashire			Perthshire	
Leicestershire			Renfrewshire	
Lincolnshire			Ross-shire	
Merseyside			Roxburghshire	
			Selkirkshire	
			Shetland	
			Stirlingshire	
			Sutherland	
			West Lothian	
			Wigtownshire	