

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

ACPOHE



MEMBERSHIP APPLICATION FORM

Full name: _____

Home address: _____

Work address: _____

Tel. No: _____

Fax No: _____

E-mail: _____

Qualifications _____
(eg MCSP, MSc etc)

Areas of special interest/expertise:

Membership of other Special Interest Groups (SIGs):

Current job title: _____

Signature: _____

Date: _____

**Membership fee...£35 (overseas members £40 to cover postage)
Please enclose cheque made payable to ACPOHE**

ACPOHE



Register of Members Database

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

(please print clearly, with black pen!)

Home Details

Title	Dr/Mr/Mrs/Miss/Ms/Prof	DOB	
First Names			
Surname			
Home Address			
Town/City			
Postcode			
Tel No.			
Mobile		Fax	
Email		Website	

Employers Name			
Department			
Address			
Town/City			
Postcode			
Tel No.		Fax	
E-mail		Website	

Work addresses (up to three and if different from above)

Company Name	W1	W2	W3
Department			
Address			
Town/City			
County			
Postcode			
Tel No.			
Fax			

Please tick preferred mail address	Home	Employer	W1	W2	W3
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Please tick if you are happy for ACPOHE to distribute information to the third parties

Other ACPOHE members	Other Occ/Medical Groups	For research purposes	For Marketing Purposes	To other commercial organisations
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Please tick if you are happy for your contact details to be placed on our Find a Physio Webpage	Home	Emp	W1	W2	W3

Please tick if you want your "Services Offered" detailed on our Find a Physio Webpage (see relevant section overleaf)	
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Please tick if you want your "Areas of Work" detailed on our Find a Physio Webpage (see relevant section overleaf)	
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Physiotherapy Qualification

	✓	(include date, if possible)
MCSP		
Grad. Dip/BSc		
Other		

Additional Qualifications

	✓	Details (if possible)	Year received
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)

	✓	
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)

	✓		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 Details:

Do you work in Occ Health Full time Part time Hours

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			

NB: If indicated these are the areas published on the Find A Physio web page

	Which of the following services do you offer *		Are you available for freelance work		Are you available for Lecturing/ Presentations	
	Yes	No	Yes	No	Yes	No
Individual Ass & Treatment						
Pre-employment Assess						
Return to work Asses						
Disability Evaluation						
Fitness Testing						
Functional Capacity Eval.						
Work Hardening						
Functional Restoration Program						
Exercise / Self Mx Class						
Pain Management Programs						
Job Demands Analysis						
Generic Risk Assess						
Expert Witness						
Stress Management						
Research						
Education						
Product Evaluation						
Manual Handling Training – inanimate object						
Manual Handling Risk Assess						
Patient Handling Training						
Patient Handling Risk Assess.						
DSE Training						
DSE Risk Assessment						
Ergonomics Projects						
Health Promotion						

* If indicated these are the services published on Find A Physio web page

Is your employer willing to take students on placement	Yes		No		Unsure	
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Is the company you work in willing to accommodate group visits/site tours	Yes		No		Unsure	
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Is the company you work in willing to allow photographs of physiotherapists in the workplace	Yes		No		Unsure	
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Please send these forms to:
Ms Tracey Long
ACPOHE Membership Administrator
c/o Bury Physio
Maynewater Lane
Bury St Edmunds
Suffolk IP33 2AB