



BRITISH  
ASSOCIATION OF  
CHARTERED  
PHYSIOTHERAPISTS IN  
AMPUTEE  
REHABILITATION

**DEPARTMENTAL MEMBERSHIP APPLICATION FORM 2010**  
(Membership Year runs from 1<sup>st</sup> March)

Any Physiotherapy Department may have full BACPAR membership status. This allows 2 delegates who are CSP members to attend study days at the membership rates, but it allows only 1 vote at the BACPAR AGM.

**Departmental Membership Fee = £55.00 per year**

Full name:	
<i>** please give us the name and address of a staff member who this membership can be registered to</i>	
Correspondence address	Work address (if different to above):
Tel:	Tel:
Email address:	
Job title and AfC banding (if appropriate):	
How much of your work time is connected with amputee patients (approximately):	
<input type="checkbox"/> 100%	<input type="checkbox"/> 25 - 50%
<input type="checkbox"/> 75 - 100%	<input type="checkbox"/> 0 - 25%
<input type="checkbox"/> 50 - 75%	
Where do you work ? (please tick all that apply):	
<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> Rehabilitation Hospital
<input type="checkbox"/> Community	<input type="checkbox"/> Intermediate Care
<input type="checkbox"/> Regional Prosthetic Centre	<input type="checkbox"/> Day Hospital
<input type="checkbox"/> Out-patients	
<input type="checkbox"/> Other (please specify) .....	
Which websites do you visit regularly:	
<input type="checkbox"/> iCSP	<input type="checkbox"/> CSP
<input type="checkbox"/> BACPAR	<input type="checkbox"/> Limbless Association
<input type="checkbox"/> Others .....please specify:	
Do you <b>directly</b> prescribe prosthetic componentry ? <span style="float: right;">Yes/No</span>	
Do you <b>directly</b> prescribe anything else (e.g. medication) <span style="float: right;">Yes/No</span>	
If you have answered <b>yes</b> to either of these questions then please give details: .....	
.....	
To enable you to access the InteractiveCSP website, would you please indicate your permission to pass on your details to the CSP <span style="float: right;">Yes / No</span>	
Do you agree to your contact details being passed on for research proposals approved by the executive committee ? <span style="float: right;">Yes / No</span>	

What are your current areas of expertise/skills in amputee care ?

***Please select a maximum of 5 and give them a score with 1 being the most important***

- |  |   |
|--|---|
| <input type="checkbox"/> Elderly                                     | <input type="checkbox"/> Diabetes                               |
| <input type="checkbox"/> Paediatrics                                 | <input type="checkbox"/> Functional rehabilitation e.g. ADLs    |
| <input type="checkbox"/> Pain management                             | <input type="checkbox"/> Gait analysis and gait training        |
| <input type="checkbox"/> Pilates (for amputees)                      | <input type="checkbox"/> Movement dysfunction (kinetic control) |
| <input type="checkbox"/> Overseas work                               | <input type="checkbox"/> Wound management                       |
| <input type="checkbox"/> Podiatry / orthotics                        | <input type="checkbox"/> NHS Management                         |
| <input type="checkbox"/> Wheelchairs                                 | <input type="checkbox"/> Prosthetics                            |
| <input type="checkbox"/> Complex patients e.g. multiple limb loss    | <input type="checkbox"/> Upper limb amputee rehabilitation      |
| <input type="checkbox"/> Pre-amputation management                   | <input type="checkbox"/> Early post-amputation management       |
| <input type="checkbox"/> Acupuncture                                 | <input type="checkbox"/> Reflexology                            |
| <input type="checkbox"/> Pre-prosthetic management                   | <input type="checkbox"/> Psychology                             |
| <input type="checkbox"/> Education                                   | <input type="checkbox"/> Sports                                 |
| <input type="checkbox"/> Advanced prosthetic training (e.g. running) | <input type="checkbox"/> Research                               |
| <input type="checkbox"/> Other (please give details) .....           |   |

What areas of amputee care would you like to learn more about ? This information will help us plan study days

***Please select a maximum of 5 and give them a score with 1 being the most important***

- |   |   |
|---|---|
| <input type="checkbox"/> Elderly                                  | <input type="checkbox"/> Diabetes                               |
| <input type="checkbox"/> Paediatrics                              | <input type="checkbox"/> Functional rehabilitation e.g. ADLs    |
| <input type="checkbox"/> Pain management                          | <input type="checkbox"/> Gait analysis and gait training        |
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| <input type="checkbox"/> Pre-prosthetic management                | <input type="checkbox"/> Psychology                             |
| <input type="checkbox"/> Education                                | <input type="checkbox"/> Sports.                                |
| <input type="checkbox"/> Research.                                | <input type="checkbox"/> Advanced prosthetic training           |
| <input type="checkbox"/> Others (please give details).....        |   |

We hope that you will be willing to help us by completing the following two questions in order for BACPAR to understand more about its membership.

To which ethnic group do you see yourself as belonging to? .....

In order to ensure that we offer the membership every assistance in accessing BACPAR events and information we would be grateful if you could tell us if you have a disability. **Yes / No**

Please give details below of any way we can improve accessibility to events or information.

Your Signature:

Please return this form and a cheque for £55 made payable to BACPAR to:-

**Julia Earle  
DSC  
Medway Maritime Hospital  
Windmill Road  
Gillingham  
Kent  
ME7 5NY**