



BRITISH
ASSOCIATION OF
CHARTERED
PHYSIOTHERAPISTS IN
AMPUTEE
REHABILITATION

MEMBERSHIP RENEWAL FORM 2008

(Membership Year runs January – December)

*This form is only for **existing** members of BACPAR who are renewing their membership. If you are applying for new membership of BACPAR then please look at the other membership application forms on either www.BACPAR.org.uk or www.interactiveCSP.org.uk*

Full name:
BACPAR membership number:
CSP number:
Correspondence address
Tel:
Work address (if different to above):
Tel:
Email address:
Job title and AfC banding (if appropriate)
Job title prior to AfC (e.g. Senior 1)
How much of your work time is connected with amputee patients (approximately): 100% [] 75 – 100% [] 50 - 75% [] 25 - 50% [] 0 – 25% []
What environment do you work in (please tick all that apply): [] Acute Hospital [] Rehabilitation Hospital [] Community [] Intermediate Care [] Regional Prosthetic Centre [] Day Hospital [] Out-patients [] Other (please specify)

BACPAR MEMBERSHIP RENEWAL FORM 2008

(Membership Year runs January – December)

Which websites do you visit regularly:

- | | |
|--|---|
| <input type="checkbox"/> iCSP
<input type="checkbox"/> BACPAR
<input type="checkbox"/> Othersplease specify: | <input type="checkbox"/> CSP
<input type="checkbox"/> Limbless Association |
|--|---|

Membership category being renewed:

- | | |
|--|--|
| <input type="checkbox"/> Full £30
<input type="checkbox"/> Departmental £50 | <input type="checkbox"/> Associate £30
<input type="checkbox"/> Student £10 |
|--|--|

Do you directly prescribe prosthetic componentry ? Yes/No

Do you directly prescribe anything else (e.g. medication) Yes/No

If you have answered **yes** to either of these questions then please give details:

.....

What are your **main** 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"/> Paediatrics
<input type="checkbox"/> Pain management
<input type="checkbox"/> Pilates (for amputees)
<input type="checkbox"/> Overseas work
<input type="checkbox"/> Podiatry / orthotics
<input type="checkbox"/> Wheelchairs
<input type="checkbox"/> Complex patients e.g. multiple limb loss
<input type="checkbox"/> Pre-amputation management
<input type="checkbox"/> Acupuncture
<input type="checkbox"/> Pre-prosthetic management | <input type="checkbox"/> Diabetes
<input type="checkbox"/> Functional rehabilitation e.g. ADLs
<input type="checkbox"/> Gait analysis and gait training
<input type="checkbox"/> Movement dysfunction (kinetic control)
<input type="checkbox"/> Wound management
<input type="checkbox"/> NHS Management
<input type="checkbox"/> Prosthetics
<input type="checkbox"/> Upper limb amputee rehabilitation
<input type="checkbox"/> Early post-amputation management
<input type="checkbox"/> Reflexology
<input type="checkbox"/> Psychology |
|---|--|

Education Please specify (e.g. clinical educ'n / lecturing).....

.....

Sports. Please specify (e.g running, skiing)

.....

Research. Please specify.

.....

Advanced prosthetic training. Please specify (e.g. level of amputation, running etc).....

.....

Others (please give details).....

.....

.....

.....

To enable BACPAR to plan study days please indicate your **main** areas of *interest* and *development needs*

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 |

Education Please specify (e.g. clinical educ'n / lecturing).....

Sports. Please specify (e.g running, skiing)

Research. Please specify.

Advanced prosthetic training. Please specify (e.g. level of amputation, running etc).....

Others (please give details).....

Your Signature:

DATA PROTECTION:

To enable you to access the InteractiveCSP website would you please indicate your permission to pass on your details to the CSP (applicable to non-CSP members only) YES / NO

Do you agree to your details being passed on for research proposals approved by the executive committee ? YES / NO

It is proposed that a list of members' names and addresses be posted on the BACPAR executive committee network of iCSP. This is to improve communication between the executive committee and members, and to reduce our postage costs. This iCSP network is a secure site that can only be accessed by members of the BACPAR executive committee and certain members of the iCSP administration team. If you do **NOT** want us to put your contact details in this document please tick the box

Please return this form and cheque for the appropriate fee made payable to BACPAR to:-

**Kim Ryder
Senior I Physiotherapist (Inpatients)
Rowley Regis Hospital
Moor Lane
Rowley Regis
B65 8DA
West Midlands**