

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

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- | | |
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| <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)..... | |
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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 made payable to BACPAR to:-

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