



BRITISH
ASSOCIATION OF
CHARTERED
PHYSIOTHERAPISTS IN
AMPUTEE
REHABILITATION

STUDENT MEMBERSHIP APPLICATION FORM 2010
(Membership Year runs from 1st March)

Any student of physiotherapy may join BACPAR as a student member paying a reduced fee. Student members of BACPAR are not entitled to vote at the AGM.

Student membership fee = £10.00 per year

Full name:	
Correspondence address	
Tel:	
Term time address (if different to above):	
Tel:	
Email address:	
Course and place of study:	
Year of study:	
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"/> Othersplease specify:	
What areas of amputee care would you like to learn more about? This information will help us plan study days <i>Please select a maximum of 5 and give them a score with 1 being the most important</i>	
<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"/> Research.	<input type="checkbox"/> Advanced prosthetic training
<input type="checkbox"/> Others (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 (*applicable to non CSP members only*) **Yes / No**

Do you agree to your contact details being passed on for research proposals approved by the executive committee ? **Yes / No**

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 £10 made payable to BACPAR to:-

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