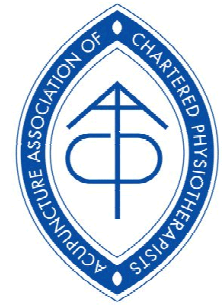


AACP LIMITED

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ACUPUNCTURE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS APPLICATION FOR MEMBERSHIP

Membership of the AACP is open to Chartered Physiotherapists practising Acupuncture

1. I wish to become a member of AACP

Title	<input type="text"/>	CSP Registration No,	<input type="text"/>
First Name/s	<input type="text"/>	HPC Registration No.	<input type="text"/>
Surname	<input type="text"/>		

Practice/Work Address

(Appears in the public register unless you opt out, see section 5)

Correspondence Address (if different)

(Used for all AACP correspondence)

Address Line 1	<input type="text"/>	Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>	Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>	Address Line 3	<input type="text"/>
Town	<input type="text"/>	Town	<input type="text"/>
County	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Contact Phone No.	<input type="text"/>	Contact Phone No.	<input type="text"/>
Email address	<input type="text"/>	E-Mail address	<input type="text"/>

2. I attach original copies of my Acupuncture Training Certificates (tick when done)

(CPD will not be accepted as training. Contact the Office if you are unsure).

3. As part of the AACP ongoing monitoring of courses, please help us maintain the standards of course delivery, venue selection and provision of information by providing feedback of the AACP 80 hour Foundation Course you attended. Please complete all parts in full where possible. Your feedback will remain strictly confidential. If you have any feedback that is not appropriate to this form, please attach additional sheets and return it with this application.

Tutor: _____

Venue: _____ Date: _____

6 = Excellent through to 1 = Very poor (please tick)

	6	5	4	3	2	1
Pre-course information						
Course booking process						
Booking confirmation process						
Value for money						
Lecturer 1						
Lecturer 2 (if applicable)						

Please tick. If "Other" please provide further information

	Yes	No	Other
Has the course met your expectations?			

Has the course met the learning outcomes identified in the pre-course information?			
--	--	--	--

	Location	CPD	Recommendation	Tutor	Update Skills	New Topic	Other
What prompted you to book this course?							

	Excellent	Good	Average	Poor	Addition comments e.g. knowledgeable, unconvincing, compelling, boring
Observations of the tutor					

	Excellent	Good	Average	Poor	Not read them yet	Other
Course handouts						

Is there anything else you would like to say about any aspect of your booking, attendance and learning experience? If necessary, attach a separate sheet. All responses shall remain confidential.	<input type="checkbox"/> Please tick if additional sheet attached
--	---

4. Principal Activities

(This helps us build a picture of where our members work so we can focus activities to meet your requirements. Please tick all relevant boxes).

Acute Conditions	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>
Chronic Conditions	<input type="checkbox"/>	Pain Management	<input type="checkbox"/>
Care of the Elderly	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
Musculo-Skeletal Management	<input type="checkbox"/>	TCM	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	Vestibular Rehabilitation	<input type="checkbox"/>
Occupational Health	<input type="checkbox"/>	Western, Trigger Point	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	Womens Health	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>	Other (please give details below)	<input type="checkbox"/>

5. Place of Practice

(This helps us build a picture of where our members work so we can focus activities to meet your requirements. Please tick all relevant boxes).

Charity	<input type="checkbox"/>	NHS	<input type="checkbox"/>
Education	<input type="checkbox"/>	NHS/MOD	<input type="checkbox"/>
Health	<input type="checkbox"/>	NHS/Private	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	None	<input type="checkbox"/>
Industry	<input type="checkbox"/>	Other	<input type="checkbox"/>
Locum	<input type="checkbox"/>	Private	<input type="checkbox"/>
MOD	<input type="checkbox"/>		<input type="checkbox"/>

6. Joining and Subscription Fees

Joining Fee. When you join AACP, a joining fee of **£80** may be payable, but the joining fee will be waived for all members joining for the first time within 3 months of completing an AACP approved Foundation Course, or relevant degree course. Those wishing to rejoin AACP after letting membership lapse must pay the joining fee.

Subscription. The annual subscription may be paid by direct debit, cheque or card. If you pay by Direct Debit, the subscription will be **£75** per year; the subscription will be **£80** per year for other forms of payment.

Please tick

I enclose a completed Direct Debit mandate for all joining & subscription payments

Or

I enclose a cheque [made payable to AACP Limited] to include both the annual subscription and the joining fee, when appropriate. I will continue to pay my annual subscription by cheque.

You must include all original Acupuncture Training Certificates (which will be returned to you) with your payment and Direct Debit Mandate instruction if appropriate. Please tick the 2 boxes below **only** if you agree to your name being made available in each circumstance. Send all fully completed documentation to the address at the top of this letter. You will be contacted if we have any questions about your application. As soon as your application is accepted you will be sent a New Members Pack welcoming you to the AACP.

Tick if you agree

I agree that my name be put on a public register of Acupuncture Practitioners

I agree that my name be passed to carefully selected medical/therapeutic suppliers

Signed

Date