

Please return the application forms, relevant copy documents and cheque to:
Ron Mercer (APNT Treasurer) Chestnut Cottage 48, Chelworth Upper Green Cricklade Wilts. SN6 6HD
Telephone: +44 (0) 7966 181 588 Website: www.apnt.org Email: rm@apnt.org



ASSOCIATION OF PHYSICAL & NATURAL THERAPISTS



Membership Application Form 2007

Please complete form in **BLOCK** capitals after reading the APNT Membership Information Booklet

Type of Membership: **FULL / AFFILIATE / ASSOCIATE**

Name _____

Address _____

Post Code _____

D.O.B. _____ Home Tel: _____ Mobile _____

Email For APNT/BCMA Office Use _____

Email For Website/Register Display _____

Tel No for referrals _____

Website address _____ Practice Hours _____

First Aid Qualification - mandatory for Full & Affiliate Members

Expiry date _____ (Please enclose a copy of the Certificate)

Complementary Therapies Practised - please enclose 2 certificate copies for each diploma

Therapists who do not hold APNT qualifications should attach details of their hours of study and course content

Therapy Practised	College Attended	Date Qualified

Membership of Any Other Complementary Therapy Professional Associations

Association Name	Joining Date

All Applicants

Have you ever had your membership cancelled, declined, refused to renew or accepted on special terms by any Professional Organisation? **Yes / No**

Have you ever had a contract to provide treatments at a therapy practice, clinic or other premises, cancelled, declined, refused to renew or accepted on special terms? **Yes / No**

Have you ever been convicted or charged with any arrestable criminal offence (other than an offence under the road traffic legislation in the UK for which a fine or non-custodial penalty is imposed)? **Yes / No**

Have you ever had a complaint made against you by a client or peer / colleague? **Yes / No**

If yes to any of these questions, please give details on a separate, attached sheet and an Executive Committee member will contact you.

DECLARATION

I hereby declare that the above information is correct.

*I wish / do not wish my details to be displayed on the APNT & BCMA website/register. **** Delete as applicable*****

I agree to abide by the Code of Ethics of APNT & BCMA..

I undertake to retain client records for a minimum period of seven years following final treatment.

I understand that, if accepted, I may use the letters APNT and BCMA(reg) after my name.

I will inform the APNT of any changes in personal details as they occur.

I will inform the APNT if, at any time, I choose not to have my practice advertised in this way.

I understand that if my application is turned down my money (less any administration costs) will be refunded.

Signature _____

Date ___ / ___ / _____

Monies Enclosed:	Membership fee	£ 65.00
	BCMA Registration	£ 20.00 (Mandatory)
	GCMT Registration	£ 10.00 (Mandatory for massage practitioners)
(please refer to	Insurance premium	£ 55.00
'Financial Information')	Enamel Badge	£ _____ (£5.50 each)
	Total enclosed	£ _____

Please make your cheque payable to 'APNT' and send to the address at the top of the form

Have you enclosed the following?

- 2 Diploma copies for each therapy (Please do not send certificate originals)**
- First Aid certificate copy (valid for 3 years from date of issue)**
- Proof of alternative insurance cover if Insurance not requested**
- Cheque**
- Application form**

Please remember to inform the APNT of any changes to contact details as and when they occur

-----For Office Use Only-----

The **Association of Physical and Natural Therapists** confirms that _____ is an associate member and a recognised Practitioner, having current Indemnity Insurance of a minimum sum of £2,000,000 (two million pounds) for the practice of his/her therapy of _____

We undertake to notify the BCMA, immediately, if this Practitioner ceases membership of our Organisation.

_____ Membership Secretary

Date _____

For Office Use only - fee £ c/n