

MEMBERSHIP APPLICATION FORM

Renewal of Membership: _____ **New Member:** _____ (Please tick)

Please complete using BLOCK CAPITALS

Name Title Mr__ Mrs __ Miss__ MS__ Other _____ (Please tick or state)

Surname _____ **1st Name** _____

HPCP Number _____

CSP Number _____

HomeAddress _____

Post code _____

Telephone _____ **Mobile** _____

Email Address _____

CPTRH would prefer to contact you by email

If you do require CPTRH information by post please tick here _____

Any relevant Qualification

Hippotherapy Course completed Y/N _____ **Date** _____ -

Level or Part of previous Course _____ **Date** _____

Practicing Hippotherapy – own premises Y/N _____ **RDA Y/N** _____ **Other Y/N** _____

Name of RDA Group/County/Region _____

Are you active with them Y/N _____ **How often** _____

RDA Instructor level _____ **Date** _____

Other, e.g. BHS _____ **Date** _____

Specialism, e.g. neuro, paediatrics, etc _____

Insurance cover (Please tick) _____ **CSP/Category B/BI** _____

CSP Category BE/BEI _____ **Other (Please state)** _____

Please return to address below with cheque made payable to CPTRH or see below for bank details.

£ 35 FULL

£ 25 Associate (Retired Therapists, Occupational or Speech and Language Therapists, Therapy Assistants – non Physiotherapists must be a member of their professional body)

FEES £15 Student

£ 35 Overseas (Overseas Physiotherapists must be a member of their professional body)



**Membership is renewable on 1st January annually
Forms need to be completed annually and sent to Membership Secretary
by mail or email.**

**If paying by cheque, please send with your form to
Membership Secretary,**

**Mrs Elspeth O'Donnell, Flat 2, 2 Nightingale Road, Godlaming, Surrey, GU7
3AA**

Email ; elspethodonnell@gmail.com

**Below are the details for payment direct to the Bank. It would be
appreciated if a Standing order was set up, payable on 1st January.**

CPTRH account details

Sort code 55-61-37

Acc number 72842466

Please state the reason for payment, thank you!

TREASURER -

Fiona Hainsworth, The Coach House, Rodley Lane, Calverley, LS28 5QH

Email -afhains@btinternet.com

Personal Data

CPTRH has a database of member information sourced from the application forms.
CPTRH is seeking your permission for your contact information to be available to
other CPTRH members to promote CPD and networking opportunities.

Data provided could be passed on to the CSP for CSP membership checking
purposes only.

Please indicate your informed consent by ticking the appropriate place and sign
and date where indicated.

I agree that my information can be shared with other CPTRH members _____

Signature _____ Date _____

I do NOT agree that my information can be shared with other CPTRH members

Signature _____ Date _____

Please return the entire form by post or email to:

Membership Secretary, Elspeth O'Donnell, Flat 2, 2, Nightingale Road, Godlaming
GU7 3AA

Email - elspethodonnell@gmail.com

The CPTRH committee would like to welcome and thank you very much for joining
CPTRH or renewing your membership!



CPTRH

Chartered Physiotherapists
in Therapeutic Riding
and Hippotherapy