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## for

## Physiotherapists

Cancer and Exercise Rehabilitation Training

**Application Form**

**Physiotherapists interested in cancer rehabilitation in NHS clinical setting, private hospital or private practitioner in the community.**

*Revalidation is recommended every three years and is required to remain up to date and to ensure you are continuing to practice safely within CanRehab guidelines.*

For further information or assistance with completing your application please contact the office on [info@canrehab.co.uk](mailto:lorna.reilly@canrehab.co.uk) or call 0345 4594618

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| **Personal Details** |

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| **Title (Mr/Mrs/Ms/Dr/Other):** | **Forename** | **Surname:** |
| **Contact Address:** | | |
| **Postcode** | | |

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| **Occupation:** |
| **Place of Work:** |

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| **Mobile Phone Number:** | **WORK/HOME Telephone** |
| **Email: Please ensure this is a current (preferably PERSONAL email) address as this is how we will contact you with course details unless you request otherwise.** | |

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| **Course Dates:** |

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| **Please indicate if you have any special language or learning requirements (you *must* inform us prior to accepting a place on the course).** *If your first language is not English you will need to demonstrate that you meet the English language requirement to undertake the assessments*. |

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| **Qualifications & Training: Please detail below and enclose copies of your professional and exercise qualifications.** | | |
| **Qualification** | **Awarding Body** | **Date Awarded** |
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| **Work Experience: Please describe your current and previous roles.** | | | |
| **Employer/**  **Organisation** | **Area of professional practice (including any specialisms)** | **Start Date** | **End Date** | |
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| **Course Fees** |
| **Please give details below of the name and address of who is responsible for paying the invoice if not you.** |
| **Can we share your results with the person responsible for your funding (if not you)?** |

*Please note: Unless otherwise authorised, full payment is required before commencement of the course.*

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| **Would you like to be kept informed of future events by email?** | | |
| **YES** | | **NO** |
| **How did you hear about this course?** | | |
| **On attaining the CanRehab Physiotherapy qualification, would you like your name and email address to be made available to persons requesting a CanRehab qualified physiotherapist in their area?** | | |
| **YES** | **NO** | |

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| **I declare that all the information I have supplied is true.**  **Applicant Signature:** | **Date:** |

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| By providing my information on this form I acknowledge my data will be processed and stored. I understand that CanRehab Ltd will only use my personal data to process my application and provide the training I have requested and that my data will be stored securely on the CanRehab database and only be accessed by CanRehab employees and tutors.  I will be contacted every 3 years regarding revalidation of my award. I understand that I can withdraw my consent at any time | **TICK TO AGGREE** |

**Terms and Conditions**

Places on CanRehab training courses are subject to availability and will be allocated on a first come first served basis.. CanRehab will make the decision regarding course numbers and viability 10 days before the start date of the course. CanRehab reserve the right to cancel any courses which we deem not to be viable i.e. sufficient numbers of candidates have not registered for the course within 10 days of the advertised course start date.

If CanRehab has to cancel a course all candidates who have registered for the course will be informed and will have the option of a full refund or can substitute their application for another date. Notification of any cancellations will be given by email at least 10 days prior to the start date of the course.

CanRehab will accept cancellations from registered candidates up to two weeks before the course start date and the candidate will have their fee refunded minus a £10 administration charge. All fees are forfeited after this deadline, but a candidate can substitute their application for another date. Candidates are responsible for payment if they do not cancel and do not attend.

All information provided to CanRehab will be held in the strictest confidence. Copies of all CanRehab policies are available on request by emailing info@canrehab.co.uk

In order to be awarded your certificate you must have passed the assessment within 1 year of the date of the course delivery. Otherwise you will be required to re-register on another course at your own expense.

All CanRehab resources and teaching materials are subject to international copyright and must not be used without permission. Completing the CanRehab course only entitles the individual to advertise that they hold the award for the purposes of treating their patients/clients. It does not entitle them to run the training programme or use CanRehab’s materials for the purposes of running a training programme unless otherwise agreed with CanRehab via appropriate licence arrangements.

**By submitting a completed CanRehab application form you are confirming that you have read and understood our Terms and Conditions**