

Apply for Student Membership online at www.csp.org.uk/studentjoin

If your university has agreed to pay your membership fees, you **must** complete an application form to become a member.

Existing/previous CSP membership

Are you currently OR have you previously been registered with the CSP as an associate member?

Current associate member

State your associate member number:

Previous associate member

About you

Mr/Mrs/Miss/Ms/Mx (delete as appropriate)										
Forename(s):										
Surname:										
Date of birth:		D	D	M	M	Y	Y	Y	Y	Nationality (please state):

Your contact details

Address:	
Town:	
County:	Postcode:
Email:	Tel/Mobile number:

About your course

University name:	
Title of programme:	
Type of course:	<input type="checkbox"/> BSc <input type="checkbox"/> MPhysio <input type="checkbox"/> Apprenticeship <input type="checkbox"/> MSc <input type="checkbox"/> DPT <input type="text"/> Other: (Please Specify)
Course start date:	M M Y Y Y Y Mode of study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

FOR CSP USE
ONLY

CSP NUMBER:

DATE OF ADMINISTRATION:

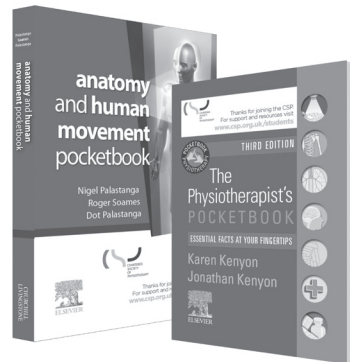
Your free gift

If you're joining the CSP as a student (or associate student) member in the first year of your course, you will receive a thank you gift from the CSP to help you get started on your degree or apprenticeship.

Please choose your free gift*

The Physiotherapist's Pocketbook 3rd Edition, Karen Kenyon, Jonathan Kenyon (2018)

Anatomy and Human Movement Pocketbook 1st Edition, Nigel Palastanga, Roger Soames, Dot Palastanga (2008)



*The pocketbooks are available on a first-come, first-served basis; and all eligible students will receive a copy.

Previous trade union membership

Are you OR have you been a member of another trade union?

Yes

No

If yes, please provide the name and branch of your current/previous trade union

Name of union:
Branch:

In order to avoid allegations of poaching members, we may use this information to contact them about your application.

I consent to the use of my data for this purpose.

Declaration

I agree to adhere to the CSP Code of Members' Professional Values and Behaviour (www.csp.org.uk/code).

I am employed and my work involves some physiotherapy duties which are directed and supervised by a registered health or social care professional (**applicable to new and existing associate students including apprentices**).

I understand that any deliberate misrepresentation of information may invalidate my application.

Signature:	Date:	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
	Print name:	<input type="text"/>							

Equality and diversity monitoring information

This information is for equality and diversity monitoring only. It helps to ensure representation in service planning. See www.csp.org.uk/diversity-data for further information.

How would you describe your ethnicity? Please choose one option:

ASIAN	BLACK	WHITE	MIXED
<input type="checkbox"/> Asian British	<input type="checkbox"/> African	<input type="checkbox"/> British	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black British	<input type="checkbox"/> English	<input type="checkbox"/> White & Black African
<input type="checkbox"/> Chinese	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Gypsy/Irish Traveller	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> Indian	<input type="checkbox"/> Other	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
<input type="checkbox"/> Pakistani	OTHER ETHNIC GROUP	<input type="checkbox"/> Northern Irish	
<input type="checkbox"/> Other	<input type="checkbox"/> Arab	<input type="checkbox"/> Scottish	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> Other	<input type="checkbox"/> Welsh	
		<input type="checkbox"/> Other	

Do you consider yourself to have a disability or long-term health condition?

<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical impairment	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Learning difficulty	<input type="checkbox"/> Social / communication impairment	<input type="checkbox"/> None
<input type="checkbox"/> Long standing condition	<input type="checkbox"/> Visual impairment	
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Other impairment	

What is your sexual orientation?

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Gay woman/lesbian	<input type="checkbox"/> Heterosexual/straight	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
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What is your gender identity?

<input type="checkbox"/> Agender	<input type="checkbox"/> Female (inc. trans woman)	<input type="checkbox"/> Intersexual	<input type="checkbox"/> Male (inc. trans man)	<input type="checkbox"/> Non-binary gender
<input type="checkbox"/> Prefer not to say	<input type="text" value="Other: (Please Specify)"/>			

Is your gender identity the same as that assigned to you at birth?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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What is your religion?

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh
<input type="checkbox"/> Christian (all denominations)	<input type="checkbox"/> Muslim	<input type="checkbox"/> No religion
<input type="checkbox"/> Hindu	<input type="checkbox"/> Other religion or belief	<input type="checkbox"/> Prefer not to say

Paying for your membership - chose student member OR associate student membership

I would like to join as a **CSP associate student member**

I would like my payments to start:

M	M	Y	Y	Y	Y
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Associate Student membership is for apprentices and students working as a support worker whilst studying in the UK.

I would like to pay for my membership:

Monthly - £10.40 by Direct Debit Year remaining by Direct Debit ** Year remaining by cheque **

My university pays for my CSP student membership (i.e. associate student rate £10.40 less £3.50):

Monthly - £6.90 by Direct Debit Year remaining by Direct Debit ** Year remaining by cheque **

** Payment for year remaining will be calculated pro-rata from the first month of your membership e.g. if joining in September, payment would be calculated as 4 months x £10.40 = £41.60 OR 4 months remaining x £6.90 = £27.60 (for those eligible for the reduced rate)

I would like to join as a **CSP student member**

I would like my payments to start:

M	M	Y	Y	Y	Y
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Student membership is for anyone studying a pre-registration physiotherapy degree in the UK.

I would like to pay for my membership:

Monthly - £3.50 by Direct Debit Annually - £42.00 by Direct Debit In full (for my course upfront) by Direct Debit*
 Annually - £42.00 by cheque In full (for my course upfront) by cheque*

* Contact our Enquires Team to confirm your subscription fee on 020 7306 6666

I am a current/continuing associate member and would like to upgrade to CSP associate student membership

▶ As an associate member you qualify for free student membership – you must complete this application form to upgrade your membership.

▶ Payment Notes: Direct Debit payments require a completed Direct Debit mandate – see below. Cheques to be made payable to **The Chartered Society of Physiotherapy**

▶ Send your completed application form, supporting documentation and payment (if appropriate) to: **Freepost CSP MEMBERSHIP** - No stamp required



Instruction to your Bank or Building Society to pay by Direct Debit



To: The Manager	Bank/building society	Originator's Identification Number						
Address		<table border="1"><tr><td>9</td><td>8</td><td>2</td><td>0</td><td>6</td><td>8</td></tr></table>	9	8	2	0	6	8
9	8	2	0	6	8			
Postcode		Membership number						
Name(s) of Account Holder(s)		Instruction to your Bank or Building Society Please pay The Chartered Society of Physiotherapy Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Chartered Society of Physiotherapy and, if so, details will be passed electronically to my Bank/Building Society.						
Bank/Building Society account number								
Branch Sort Code		Signature(s)						
		Date						

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

What is your main reason for joining the CSP

- | | | |
|--|---|---|
| <input type="checkbox"/> Advice and support | <input type="checkbox"/> Insurance scheme (PLI) | <input type="checkbox"/> News i.e. <i>Frontline</i> and Physiotherapy |
| <input type="checkbox"/> To campaign for Physiotherapy | <input type="checkbox"/> Learning and development/CPD | <input type="checkbox"/> News emails |
| <input type="checkbox"/> For chartered status | <input type="checkbox"/> Legal services | <input type="checkbox"/> To join/access physiotherapy community i.e. iCSP |
| <input type="checkbox"/> Course/employer requirement | <input type="checkbox"/> Library and information services | <input type="checkbox"/> Workplace support |
| <input type="checkbox"/> CSP Plus (member discounts) | <input type="checkbox"/> Local events
(English regional network/Country Board) | <input type="checkbox"/> Other |

How did you find out about the CSP?

- | | |
|--|---|
| <input type="checkbox"/> Careers advice | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Classmate/peer | <input type="checkbox"/> Freshers week |
| <input type="checkbox"/> CSP presentation | <input type="checkbox"/> Poster |
| <input type="checkbox"/> CSP student joiner pack | <input type="checkbox"/> Social media |
| <input type="checkbox"/> CSP staff member | <input type="checkbox"/> Student physio society |
| <input type="checkbox"/> Employer/workplace | <input type="checkbox"/> UCAS email |
| | <input type="checkbox"/> Other |



The Direct Debit Guarantee

This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment dates change the Chartered Society of Physiotherapy will notify you ten working days in advance of your account being debited or as otherwise agreed. If an error is made by the Chartered Society of Physiotherapy or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

This guarantee should be retained by the payer.

Data protection and fair processing notice

The Chartered Society of Physiotherapy will use the information you provide to progress your application in accordance with the General Data Protection Regulation (2018). The data will become part of your membership record and may be shared with CSP employees to administer your membership.

The CSP will not share your details with a third party without your consent, except where (1) this is done as part of CSP processes to provide membership services, or (2) we are required to do so by the operation of the law.

The CSP recognises the Information Commissioners Office (ICO) as our Supervisory Data Authority.

To see the CSP's privacy policy in its entirety visit www.csp.org.uk/privacy

If you have any further queries contact data.protection@csp.org.uk

Checklist – keep in safe place

Please ensure you have completed all the sections of this form

(Incomplete forms will not be processed)

- Basic information and contact details
- Personal information
- Previous trade union membership
- Declaration
- Payment details
- Direct debit information (if applicable)
- Send cheque and completed application form together (if applicable)
- How did you find out about the CSP?
- What is your main reason for joining the CSP?