

Student and Associate Student

membership application 2023/24

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

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

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		vious CSP nave you previou			•	the CSP as an associate mer	mber?	
Cı	urrent associate member State your associate member number:							
Pro	evious associa	te member						
Abo	ut you							
Mr/Mrs	s/Miss/Ms/Mx	(delete as appropria	te)					
Forena	me(s):							
Surnan	ne:							
Date o	vate of birth: D D M M Y Y Y Nationality (please state):							
Your	contact	details						
Addres	S:							
Town:								
County	ounty: Postcode:							
Email:	ail: Tel/Mobile number:							
Abo	ut your o	course						
	sity name:							
Title of	programme:							
Type of	course:	BSc		MPhysi	0	Apprenticeship		
		MSc		DPT		Other: (Please Specify)		
Course	start date: N	I М Y	YY	Υ		Mode of study:	Full-time	Part-time
P USE	CSP NUMBER:							
FOR CSP USE ONLY	DATE OF ADMI	NISTRATION:						

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 Editio Karen Kenyon, Jonathan Kenyon (2018)	on,	anatomy and human movement pocketbook	havis to poing the CSA for according to CSA for according to CSA support of the CSA suppo			
Anatomy and Human Movement Pocketbook 1st Edition, Nigel Palastanga, Roger Soames, Dot Palastanga (2008)		Nigel Palastanga Roger Sounes Dort Palastanga Dort Palastanga Listeria	Physiotherapist's POCKETBOOK ESSENSI MICKETBOOK ESSENSI MICKETBOOK Karen Kenyon Jonathan Kenyon			
*The pocketbooks are available on a first-come, first-served basis; and all eligi	ible students will receive c	ı сору.				
Previous trade union membersh	nip					
Are you OR have you been a member of another trade u	union?	Yes		No		
If yes, please provide the name and branch of your curre	ent/previous trade	union				
Name of union:					_	
Branch:						
In order to avoid allegations of poaching members, we r	may use this inforr	nation to con	tact them al	oout your	applica	tion.
I consent to the use of my data for this purpose.						
Declaration						
I agree to adhere to the CSP Code of Members' Profes	ssional Values and B	ehaviour (www	.csp.org.uk/c	ode).		
I am employed and my work involves some physiother social care professional (applicable to new and exist					ed health	า or
I understand that any deliberate misrepresentation of	information may in	validate my ap	plication.			
Signature:	Date:	D D	ММ	Υ	Y Y	Υ
	Print name:					

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					
Asian British	African	British	White & Asian					
Bangladeshi	Black British	English	White & Black African					
Chinese	Caribbean	Gypsy/Irish Trave	eller White & Black Caribbean					
Indian	Other	Irish	Other					
Pakistani	OTHER ETHNIC GROUP	Northern Irish						
Other	Arab	Scottish	Prefer not to say					
	Other	Welsh						
		Other						
Do you consider yourself to	Do you consider yourself to have a disability or long-term health condition?							
Hearing impairment	Hearing impairment Physical impairment Prefer not to say							
Learning difficulty	Social /	communication impairr	ment None					
Long standing condition Visual impairment								
Mental health condition Other impairment								
What is your sexual orientation?								
Bisexual Gay man Gay woman/lesbian Heterosexual/straight Other Prefer not to say								
What is your gender identity?								
Agender Female (inc. trans woman) Intersexual Male (inc. trans man) Non-binary gender								
Prefer not to say Other: (Please Specify)								
Is your gender identity the same as that assigned to you at birth?								
Yes No Prefer not to say								
What is your religion?								
Buddhist	Jewish		Sikh					
Christian (all denomi	nations) Muslim	Ī	No religion					
Hindu	Other re	ligion or belief	Prefer not to say					

Paying for your membership-choose	student membe <u>r O</u> R associate student membership					
I would like to join as a CSP associate student member	like my membership to start: M M Y Y Y Y					
Associate Student membership is for apprentices and students wo	orking as a support worker whilst studying in the UK.					
I would like to pay for my membership:						
Monthly - £11.46 by Direct Debit Year remaining	ng by Direct Debit ** Year remaining by cheque **					
My university pays for my CSP student membership (i.e. asse	ociate student rate £11.46 less £3.85):					
Monthly - £7.61 by Direct Debit Year remaining	ng by Direct Debit ** Year remaining by cheque **					
	month of your membership e.g. if joining in September, payment would be maining x $£7.61 = £30.44$ (for those eligible for the reduced rate)					
I would like to join as a CSP student member I would Student membership is for anyone studying a pre-registration phy	d like my membership to start: M M Y Y Y Y Y Sisiotherapy degree in the UK.					
I would like to pay for my membership:						
Monthly - £3.85 by Direct Debit Annually - £46.20 by Direct Debit In full (for my course upfront) by Direct Debit*						
Annually - £46.20 by che	que In full (for my course upfront) by cheque*					
* Contact our Enquiries Team to confirm	n 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 Direc Cheques to be made payable to The Chartered Society of Phys						
Send your completed application form, supporting documentation Freepost CSP SUBSCRIPTIONS - No stamp required	n and payment (if appropriate) to:					
Instruction to your Bank or Building Society to pay by Direct Debit Originator's Identification Number						
To: The Manager Bank/building society	9 8 2 0 6 8					
Address	Membership number					
Postcode	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.					
Name(s) of Account Holder(s)	Signature(s)					
Bank/Building Society account number						
Branch Sort Code	Date					

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

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Vhat is your main red	ison for joining the C	SP			
Advice and support	Insurance scheme (PLI)	News i.e. <i>Frontline</i> and Physiotherapy			
To campaign for Physiotherapy	Learning and development/CPD	News emails			
For chartered status	Legal services	To join/access physiotherapy community i.e. iCSP			
Course/employer requirement	Library and information services	Workplace support			
CSP Plus (member discounts)	Local events (English regional network/Country Board)	Other			
Careers advice	Internet search				
Careers advice	Internet search				
Classmate/peer	Freshers week				
CSP presentation	Poster	Poster			
CSP student joiner pack	Social media	Social media			
CSP staff member	Student physio society				
Employer/workplace	UCAS email				



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)
- \square How did you find out about the CSP?
- ☐ What is your main reason for joining the CSP?