



MEMBERSHIP APPLICATION FORM

(The benefits of each membership level can be found on the BTPA website www.bowentherapy.org.uk)

(Please use block capitals)

PERSONAL DETAILS: *(This information is held confidentially by the BTPA office in accordance with GDPR rules)*

TITLE.....NAME.....D.o.B.....

ADDRESS.....

.....

.....

.....POST CODE.....

TEL.....MOBILE.....

E-MAIL.....

DOCUMENTS TO SEND

- ☐ **FULL & ASSOCIATE MEMBERS** : Bowen Therapy qualification certificate *(from a BTPA recognised training provider)*
- ☐ **STUDENTS**: Bowen Therapy course attendance certificate *(or confirmation from a tutor that you are studying with them)*
- ☐ **FULL MEMBERS**: Anatomy, Physiology & Pathology *(Level 3 certificate or equivalent training through another profession)*
- ☐ **FULL MEMBERS**: Current First Aid Certificate *(The course must cover CPR), or evidence of basic/enhanced life support training*
- ☐ **FULL MEMBERS**: Professional Indemnity Insurance certificate/schedule *(minimum cover of £2 million)*
- ☐ **FULL MEMBERS**: CNHC registration certificate *(if you are registered with the CNHC)*
- ☐ **FULL MEMBERS** *(if qualified more than 1 year ago)*: Bowen Therapy CPD certificate *(for 14+ hours Bowen training in last year)*

SUBSCRIPTION FEES

Full Membership initial fee <i>(deduct 50% if upgrading from student member)</i>	£110.00
Associate Membership initial fee <i>(deduct 50% if upgrading from student member)</i>	£ 65.00
Student Membership - <i>no fee payable</i>	£ 0.00
TOTAL	

Please pay by BACS. If you need to pay by debit/credit card, please call the office (07713 552 858).

- ☐ **BACS Payment.** Sort: 40-34-24, A/C: 31399896, Business account name 'Bowen Therapy Professional Association'
(Use your **Surname** as reference)

Scan and email all forms to membership@bowentherapy.org.uk
or post to B.T.P.A., PO Box 10844, Blaby, Leicester, LE8 4YX

FULL MEMBERS ONLY

Enter your full practice addresses in the relevant boxes below (use another sheet if you need to list additional clinics).

If you are based from home and do not wish to publish your full home address, you may fill in as much of the address as you feel comfortable with. **Town/village, county, postcode and telephone number must be included.**

The following addresses will be made available to the general public, fellow practitioners and included on the BTPA website under 'Find a Therapist'.

<u>Clinic 1: Human</u> Town: County: Postcode: Tel: Mobile: Email: Website:	<u>Clinic 4: Please tick - Equine () Canine ()</u> Town: County: Postcode: Tel: Mobile: Email: Website:
<u>Clinic 2: Human</u> Town: County: Postcode: Tel: Mobile: Email: Website:	<u>Clinic 5: Please tick - Equine () Canine ()</u> Town: County: Postcode: Tel: Mobile: Email: Website:
<u>Clinic 3: Human</u> Town: County: Postcode: Tel: Mobile: Email: Website:	<p>Details of any Childrens' Clinic you run can be included on a separate sheet of paper.</p> <p>If you are a member of a Regional Interest Group (RIG), please provide details.</p>

Would you be interested in... (please tick):

- ☐ **becoming** a committee member or committee helper? Committee members serve for a minimum 2 year period, expenses plus an attendance allowance fee are paid, and membership subscription fees are waived.
- ☐ **writing** an article/occasional articles for our 'In Touch' journal? We are always looking for case studies, informational articles to interest our readers, success stories etc.
- ☐ **finding** out more about Regional Interest Groups in your area? Regional Interest Groups (RIGs) are a great way to meet other Bowen therapists in your area.
- ☐ **volunteering** at BTPA events where we promote Bowen? Events include the annual BMUS scientific meeting, health and wellbeing conferences, etc.

Please list any other therapies in which you are qualified:-

- 1).....
- 2)
- 3)
- 4)
- 5)

If you have new medical training e.g. Physiotherapy, Doctor, Nurse, please list:-

- 1).....
- 2).....
- If you are fluent in a foreign language, please state which.**
- 1).....
- 2).....

Do you have any skills, experience or expertise which you would be willing to share with others?

Examples would include working with special groups (e.g. the elderly, babies and children, those with MS, cancer, stroke etc), with certain conditions (e.g. hayfever, asthma or shoulder problems) or in specialist areas (e.g. sports, hospice, mental health). Perhaps you have experience from a previous business career in PR, marketing, accounts, education, management, finance, health & safety, safeguarding etc. and you would be willing for the committee to contact you for advice when needed.

FORMAL DECLARATION

Criminal and Professional Proceedings To be completed by ALL APPLICANTS

1. Have you at any time been under investigation or convicted of any criminal offence? **YES / NO**
If "YES" please give details on a separate sheet and include the date of criminal proceedings, the date of conviction and the judgment you were given.
2. Have you ever been involved in civil proceedings in matters relating to your professional practice? **YES / NO**
If "YES" please give details on a separate sheet, and whether any judgement was made against you.
3. Have you at any time been subject to any disciplinary proceedings and /or findings against you by any complementary therapy organisation or other healthcare profession register or association, any teaching institution or government authority, whether international, national or local? **YES / NO**
If "YES" please give details on a separate sheet of the date when this happened, the nature of the complaint against you and what action was taken or is pending as a result.

I certify that to the best of my knowledge all the information given is true and accurate. I confirm that I have read and agree to abide by the BTPA Constitution, Rules, Ethics and Code of Practice (available at <https://www.bowentherapy.org.uk/docs/constitution.pdf>). I understand that it is my responsibility to keep the Membership office informed of any changes to my details. I agree to the BTPA's website privacy policy and GDPR statement.

Signed..... Date.....

Include any other supporting information below (if applicable):