

**MEDICO-LEGAL ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS  
MEMBERSHIP / RENEWAL OF ANNUAL SUBSCRIPTION**

Please complete BOTH sides of this form and return it to:-

Mrs Judith Bentley Hon. Sec MLACP  
18 Bishop Kirk Place  
Oxford OX2 7HJ  
judithbentley@hotmail.co.uk

I (please **PRINT** your full name).....  
wish to apply for/renew (delete as necessary)

- FULL MEMBERSHIP (Chartered Physiotherapists only)
- ASSOCIATE MEMBERSHIP (allied health professionals eg occupational therapists)

**SUBSCRIPTIONS**

Annual subscription is £35.00 per annum, due by 31st December for the succeeding year.  
Members joining after November will have their subscription credited for the full year following.

- I enclose a cheque for £35.00 payable to "MEDICO-LEGAL ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS" being my annual subscription for the year commencing 1st January

**ASSOCIATION RECORDS**

The Association maintains a database including members' details as shown overleaf. This information may, with your consent, be supplied to an appropriate third party at the discretion of the officers (eg Lawyers seeking experts in a particular field). Please sign below that you have read and understood that:-

- A This form should be retained
- B I agree to the information shown overleaf being held on the Association's computer records
- C Details given may be supplied to an appropriate third party at the discretion of the officers of the Association.
- D I agree to my details being included in the Directory of Members (applies to full members only)which is Web based information in the public domain

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

## PERSONAL DETAILS

Please complete BOTH sides of this form checking that your address and personal details are correct

Title	Surname	Forename and Initials
Qualifications		
CSP No.	HPC No.	

## CONTACT DETAILS

1st Line				
2nd Line				
3rd Line				
TOWN				
COUNTY			POST CODE	
AREA: SCOT / NE /NW /YORKS & HUM / E.MID /W.MID / WALES / EASTERN / SW / SE / N.I. / ROI (please circle)				
Telephone			Fax	
Email (please print)				
Do you have Medico-Legal experience?			Yes/No	
Expert Witness Reports			Yes/No	1-5 years
			5-10 Years	10+ Years
Court Attendance			Yes/No	

Please leave lines blank if not required. Please indicate if contact by email is preferred Yes  No

## DIRECTORY OF MEMBERS

If you wish to act as an expert and be included in the Directory please tick the box of the category which can best describe your area of expertise. **(please do not choose more than 3 categories)**

- |  |  |
|--|--|
| <input type="checkbox"/> Acupuncture   | <input type="checkbox"/> Paediatrics/Cerebral Palsy/Young Disabled |
| <input type="checkbox"/> Burns and Plastics                                      | <input type="checkbox"/> Amputation                                |
| <input type="checkbox"/> Electrotherapy  | <input type="checkbox"/> Hydrotherapy/Aquatic Exercise             |
| <input type="checkbox"/> Mental Health/Learning Disability                       | <input type="checkbox"/> Cardio-Vascular/Respiratory Disorders     |
| <input type="checkbox"/> Manual Handling/Risk Assessment                         | <input type="checkbox"/> Sports Injuries                           |
| <input type="checkbox"/> Clinical Negligence                                     | <input type="checkbox"/> Whiplash Injuries                         |
| <input type="checkbox"/> Neurology/Head Injury/Spinal Cord Injury                | <input type="checkbox"/> RSI/Complex Regional Pain Syndrome        |
| <input type="checkbox"/> Orthopaedics/Back Pain                                  | <input type="checkbox"/> Women's Health                            |
| <input type="checkbox"/> Musculo Skeletal/Manipulation                           | <input type="checkbox"/> Urology                                   |
| <input type="checkbox"/> Occupational Health /Ergonomics /Work related Disorders | <input type="checkbox"/> Veterinary Physiotherapy                  |

Any other relevant details about you (30 words max.)

## FOR OFFICE USE ONLY

RECEIVED	NOTIFICATION TO DATABASE	PACK/CARD SENT	FEE £35.00		TREASURER
			CHEQUE NO	DATE	