



**Chartered Physiotherapists in Mental Healthcare  
Clinical Interest Group  
MEMBERSHIP APPLICATION/RENEWAL FORM**

**1. PERSONAL**

STYLE: Mr, Mrs, Miss, Ms, Dr, Prof. . . . . . LAST NAME: . . . . .  
 FIRST NAME(S): . . . . . JOB TITLE/GRADE: . . . . .  
 DEPARTMENT: . . . . . HOSPITAL/CLINIC/UNIT: . . . . .

**2. CONTACT**

Address: . . . . . Telephone: . . . . .  
 . . . . . e-mail: . . . . .  
 TOWN/CITY: . . . . . I prefer to be contacted by: post  e-mail   
 Post Code: . . . . .  
 Country: . . . . .

**3. SPECIAL INTERESTS**

e.g. Adult acute MH, Forensic, Elderly MH; Dementia, CFS/ME, Chronic pain, Eating Disorders, CBT, Cranio-Sacral therapy, Basic Body-Awareness therapy etc. (Please circle those appropriate and add any others below.)

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**4. DECLARATION**

The CPMH occasionally receive requests for information from physiotherapy students and other physiotherapy professionals. In these instances people will be directed to the CPMH website to post a message on the forum.  
 All CPMH members are encouraged to register on the website giving **only** the information they are happy to share. Information supplied on *this* form will be used only for the purposes of the Clinical Interest Group and the Chartered Society of Physiotherapy.

**Signed:** . . . . . **Date:** . . . . .

**5. PAYMENT: (PLEASE MAKE CHEQUES PAYABLE TO CPMH)**

Membership is open to CSP members only; 1<sup>st</sup> yr Fees £17.50, £15 annually thereafter; £10 Assistants/PTIs.  
 The membership year runs from Sept 1 to Aug 31.

I enclose my cheque for £ . . . . . in payment of the subscription for membership year 2004/05, or

I wish to pay by standing order. Please complete a standing order form and attach to this application.

Please return this form together with your remittance to:  
 Nicky Atherton (CPMH Membership Secretary),  
 Clinical Trials Unit Room B.161, Medical School Building, University of Warwick, Coventry CV4 7AL