

# **British Association of Prosthetists and Orthotists**

## **Application for UK Membership 2018**



### **Applicant guidelines – please read carefully before completing your form**

Thank you for your interest in becoming a member of the British Association of Prosthetists and Orthotists (BAPO). BAPO is the only international professional body that represents Prosthetists and Orthotists, Prosthetic and Orthotic Technicians, Associate Assistants and Students.

**Please complete and return this application form to the BAPO Secretariat together with payment and appropriate supporting documents as outlined below:**

#### **Full Member Applications**

Membership is only open to those qualified as an Orthotist, Prosthetist or Prosthetist/Orthotist and registered with HCPC. Please provide a copy of your qualifications alongside your application form.

The recognised routes to UK qualification are:

- B.Sc. (Hons) Prosthetics and Orthotics (University of Strathclyde or Salford)
- Diploma in Orthotics – awarded by the Orthotists Training Council prior to 1982
- Diploma in Prosthetics awarded by Paddington Technical College – prior to 1982
- OPTEC Diploma in either Orthotics or Prosthetics
- Higher Diploma Prosthetics/Orthotics (SCOTEC/University of Strathclyde) with evidence of completed internship in prosthetics and/or orthotics

Applicants with UK qualifications gained prior to 1985 may be admitted only on the approval of our Executive Committee.

#### **Affiliate Membership Applications**

Affiliate membership will be open to people external to the profession of prosthetics and orthotics who either work within the field of prosthetics and/or orthotics, or who have a special interest in the field.

There are two categories of Affiliate membership. These are:

##### **Professional**

Any other health professional working within the fields of prosthetics and/or orthotics would be eligible for this class of affiliation; such as bioengineer, doctor, nurse or allied health professional. They must provide evidence in the form of a copy of their HCPC/NMC/GMC (or other UK regulatory body) certificate of registration.

##### **Individual**

Any individual with an interest in the prosthetic and orthotic profession would be eligible for this class of affiliation. The application should set out and explain the individual's link to prosthetics and/or orthotics and their areas of interest.

#### **Retired/Non-Practising Membership Applications**

This category of membership is open to those qualified as an Orthotist, Prosthetist or Prosthetist/Orthotist who are not currently employed or practicing within the field. Proof of qualifications is required with your membership application. Please see recognised routes to qualification as detailed under Full Member Applications. For insurance purposes this membership category is only open to individuals not carrying out any orthotic / prosthetic work.

#### **Associate Technician Applications**

This category of associate membership is open to those people whose principal employment is in the fabrication of prostheses and/or orthoses in the UK. This application must be accompanied by a letter from a current employer stating that the applicant is presently being employed as a Prosthetic or Orthotic Technician in the UK.

#### **Associate Assistant Applications**

This category of membership is open to individuals whose principal employment is as a Prosthetic and/or Orthotic Assistant in the UK. Assistants should submit a letter from their employer detailing their principal employment.

#### **Student Membership Applications**

A student engaged in a full-time UK undergraduate honours degree programme in Prosthetics and Orthotics or post graduate programmes, who are not undertaking clinical practise. Applicants are requested to provide a photocopy of their student matriculation card and details of their expected year of course completion.

# Membership Application Form – UK Membership

## Section A: Membership

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

☐ Male ☐ Female Date of Birth: \_\_/\_\_/\_\_\_\_

Membership Category (from the categories on front page): \_\_\_\_\_

Membership is required from: 01/\_\_/\_\_\_\_ HCPC Number (if applicable): \_\_\_\_\_

## Section B: Personal Details

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

Address line 3: \_\_\_\_\_

Town/City: \_\_\_\_\_ County: \_\_\_\_\_

Region: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime No:  : \_\_\_\_\_ Mobile No  : \_\_\_\_\_

Email: \_\_\_\_\_

 Please consider the environment - tick to receive your BAPO mail via email ☐

## Section C: Qualifications

Qualifications: \_\_\_\_\_ University/College: \_\_\_\_\_

Date of Qualification (if pending, please provide due date): \_\_\_\_\_

## Section D: Employer (Students are not required to complete this section)

**Important Information:** It is compulsory that you provide the following information and ensure you update BAPO if your employer/employment changes. If you are not currently employed, please provide your previous employer details. This information is required so that you can be provided with UNISON support (where appropriate)

Please indicate whether this is your ☐ Current Employer ☐ Previous Employer ☐ N/A

Employer name: \_\_\_\_\_ Employer Region: \_\_\_\_\_

Employer Postcode: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Qualified As: \_\_\_\_\_ Practising As: \_\_\_\_\_

Please indicate whether your work is ☐ NHS ☐ Contractor ☐ NHS

## Section E: Insurance Disclaimer (Full, Associate Technician, Associate Assistant and Retired Members Only)

BAPO membership for the above categories includes public, product and medical malpractice insurance. Cover under the policies is subject to the policy terms, conditions and exclusions, a copy of the policy wordings can be forwarded to you on request. NHS work is included as standard on this policy but for those practicing privately there is a **£400** supplement for this service (if you require this supplement please fill out private practice supplement application form available on [www.bapo.com](http://www.bapo.com) or via the BAPO Secretariat). Private work is defined as follows:

**Any work carried out by an NHS member of staff as part of their normal duties for their NHS employer or for a member of staff of a company carrying out their normal duties as part of a contract that their employer holds with an NHS hospital or authority. Any other work carried out by a BAPO member is classed as private work and will not be covered by the standard BAPO insurance policies provided as a benefit of your membership. Also, any locum who self-invoices will be classed as providing a Private service. Any member who carries out Expert Witness work this will also be classed as Private Work. If you wish to be covered for Private work you will need to purchase the Private Insurance cover extension.**

In order to provide you with insurance cover please answer the following questions (see Terms & Conditions under Section G)

Have you had a work-related insurance claim made against you in the last 5 years? ☐ Yes ☐ No

Do you have any work-related claims outstanding at present? ☐ Yes ☐ No

If you have answered “yes” to any of the above, please provide details on a separate sheet of paper (please include name and membership number)

Do you follow BAPO Standards for recommended appointment times? ☐ Yes ☐ No

Do you keep accurate clinical records in accordance with HCPC regulations? ☐ Yes ☐ No

Do you carry out Expert Witness work? ☐ Yes ☐ No

## Section F: Areas of interest/expertise

BAPO are registered stakeholders with NICE who periodically review their guidance documents. We highly value the opinion of our members and how our current practices are influenced by clinical evidence. If you would like to be contacted during the consultation of guidance documents, please tick this box ☐ From the list given please circle all areas of interest/expertise:

Diabetes in Children	Diabetes in pregnancy	Epilepsy	Osteoarthritis
Low back pain	Meningitis in children under 16	Multiple pregnancy	Pressure ulcer
Osteoporosis	Parkinson's Disease	Peripheral arterial disease	
Spasticity in Children	Stable angina	Type 2 Diabetes in adults	
Stroke	Varicose veins	Venous thromboembolic diseases	
Falls	Tuberculosis	End of life care	
Multiple Sclerosis	Neuropathic pain in adults	Rheumatoid Arthritis	
Hip disarticulation	Myoelectric	Upper limb	
Forequarter amputation	Microprocessor Knees	Hip fracture	

## Section G: Terms & Conditions and Declaration

### Terms & Conditions:

- Membership Cancellation Policy - The BAPO Membership Year runs from 1 January – 31 December. Please be aware BAPO membership can only be cancelled by informing the Secretariat in writing (email or post) in advance of your intended cancellation date. If paid by Direct Debit BAPO membership subscriptions are paid in arrears on the 28th of each month. If a member has paid the yearly subscription in advance, a refund will be made for the remaining whole months of the year. If you cancel your monthly payment but do not inform us of your wish to cancel, BAPO will contact you to confirm your intentions. If BAPO are unable to confirm your wish to cancel, membership fees will continue to be accrued for up to 60 days before your membership is automatically lapsed. All overdue subscription fees will remain on your account and are required to be paid before you may re-join the Association at any time in the future.
- In order to qualify for BAPO insurance you MUST complete Section E and sign the declaration below.
- BAPO reserve the right to withdraw insurance where the member has failed to comply with the Terms & Conditions as described above.

I apply for membership of the British Association of Prosthetists and Orthotists (BAPO) and, if accepted, undertake to be bound by the provisions of its Constitution and Ethical Code. I confirm that I fulfil the conditions of the category of membership for which I am applying.

Signature of application: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ENSURE YOU HAVE COMPLETED ALL APPLICABLE SECTIONS OF THIS APPLICATION FORM AND HAVE INCLUDED RELEVANT SUPPORTING DOCUMENTS AS YOUR APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE**

### Data Protection Statement

BAPO treats your information in the strictest confidence. Information provided by you is recorded by BAPO for statistical purposes and is only passed on to third parties in order to provide you with BAPO services, election facilities and other information required by statute. In particular, your details are passed on to, and recorded by, UNISON in order to provide you with industrial relations support as part of your BAPO membership. Following a lapse/cancellation of membership BAPO retain member's records for a period of 2 years and may contact you during this time to inform you of updates within the Association and special offers. If you do not wish BAPO to retain your details following a lapse/cancellation of membership, please tick this box ☐

## Section H: Method of Payment



Please choose **ONE** method of payment

- ☐ **Cheque** – I enclose a cheque for £\_\_\_\_\_ made payable to “BAPO”
- ☐ **Credit/Debit** – Please charge £\_\_\_\_\_ to my VISA/MASTERCARD/VISA DEBIT
- ☐ **Direct Debit** – I enclose a completed direct debit instruction (overleaf) (**card details/cheque must be provided for 1<sup>st</sup> months payment**)

PLEASE SELECT CARD TYPE				VISA				MASTERCARD				VISA DEBIT			
CARD NUMBER															
EXPIRY DATE				CVV NUMBER											

Direct Debits will be set up from month 2 of membership, please provide card details above or send a cheque for month 1 payment.

We are unable to accept faxed/scanned copies of direct debit mandates.

Paying by cheque/card in full? Please use the table below to determine how much you need to include with our completed application form. For example, to join as a Full Member from February then you need to submit a payment of £374.00

MONTH (SUBS)	FULL MEMBER	GRADUATE FULL MEMBER	ASSOCIATE TECHNICIAN	ASSOCIATE ASSISTANT	ASSOCIATE STUDENT	AFFILIATE	NON- PRACTISING	RETIRED
January	£288.00	£144.00	£192.00	£192.00	£41.50	£113.50	£113.50	£113.50
February	£264.00	£132.00	£176.00	£176.00	£38.04	£104.04	£104.04	£104.04
March	£240.00	£120.00	£160.00	£160.00	£34.58	£94.58	£94.58	£94.58
April	£216.00	£108.00	£144.00	£144.00	£31.12	£85.12	£85.12	£85.12
May	£192.00	£96.00	£128.00	£128.00	£27.67	£75.67	£75.67	£75.67
June	£168.00	£84.00	£112.00	£112.00	£24.21	£66.21	£66.21	£66.21
July	£144.00	£72.00	£96.00	£96.00	£26.75	£56.75	£56.75	£56.75
August	£120.00	£60.00	£80.00	£80.00	£17.29	£47.29	£47.29	£47.29
September	£96.00	£48.00	£64.00	£64.00	£13.83	£37.83	£37.83	£37.83
October	£72.00	£36.00	£48.00	£48.00	£10.37	£28.37	£28.37	£28.37
November	£48.00	£24.00	£32.00	£32.00	£6.92	£18.92	£18.92	£18.92
December	£24.00	£12.00	£16.00	£16.00	£3.46	£9.46	£9.46	£9.46

Manage your subscription costs, pay by



Please complete the direct debit instruction below. Please note it can take up to 10 days for your bank or building society to process a new instruction. We are unable to set up a direct debit for the first collection, in this instance you should make your first monthly payment via credit or debit card (by calling the Secretariat) or forward a cheque for the relevant amount with your application form and Direct Debit mandate. *Payments are taken monthly, on or just after the 28<sup>th</sup> of the month.* Direct Debits may not be taken from some types of bank or building society accounts. If you are not sure, please speak to your bank or building society.

Below are the monthly subscription rates for January – December 2018. Rates may change in subsequent years but you will be notified in writing of such changes and the amount taken by direct debit will be adjusted automatically.

Membership Category	Monthly DD amount	Please v selection
Full Member – Membership subs ONLY	£24.00	
Full Member (Graduate) – Membership subs ONLY	£12.00	
Associate Technician – Membership subs ONLY	£16.00	
Associate Assistant – Membership subs ONLY	£16.00	
Associate Student	£3.46	
Affiliate	£9.46	
Non-practising	£9.46	
Retired	£9.46	



## British Association of Prosthetists and Orthotists

### INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please complete the form in full and send to:

BAPO Secretariat, Unit 3010 Mile End Mill, Abbey Mill Business Centre, Paisley, PA1 1JS

Name of Account Holder \_\_\_\_\_

Branch sort code

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Bank/Building Society account number

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Name and full address of bank or building society


Originator Identification number

6	2	6	3	0	3
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Reference number (BAPO to enter)

0	0						
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Instruction to your Bank or Building Society

Please pay BAPO 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 BAPO and, if so, details will be passed electronically to my Bank/Building Society.

Signature:

Date:

✂ This guarantee should be detached and retained by the payer

### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit BAPO will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request BAPO to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by BAPO or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when BAPO asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

