

APPLICATION FORM TO OBTAIN A LIST OF ACPIN MEMBERS



Please read carefully, complete all relevant parts and return to: Julia Williamson, ACPIN, Physiotherapy Department, Newcastle General Hospital, Westgate Road, Newcastle upon Tyne NE4 6BE. Details about the membership, regional groups and fees can be viewed on the ACPIN website (www.acpin.net). Further queries about lists can be forwarded to Julia Williamson (email: julia.williamson@nuth.northy.nhs.uk).

PART 1 PERSONAL DETAILS

NAME _____

CONTACT ADDRESS _____

POSTCODE _____

DAYTIME TELEPHONE NUMBER _____

EMAIL _____

Are you a current ACPIN member?

YES

NO

If YES please state membership number _____

Are you a physiotherapy student?

YES

NO

If YES please state place of study _____

If you have answered NO to the above questions, please state profession/business

PART 2 LIST REQUIREMENTS

Please indicate the purpose of the request for the list of members

- Research
 Course advertisement
 Commercial mailing
 Other (please state) _____

Please state the type of names required

Membership

- Full members
 Full and Associate members

Regions

- All regions
 Selected regions (please specify) _____

Further requirements (we do not guarantee that we will be able to fulfil your further requirements)

PART 3 AGREEMENT FOR COURSE ADVERTISEMENT/ COMMERCIAL MAILING

By purchasing the ACPIN membership list, I agree to abide by the *Conditions of Sale* listed right.

I enclose:

- a copy of the materials to be forwarded to members
 full payment of the fees:

£ _____

SIGNED _____

DATE _____

PART 4 AGREEMENT FOR RESEARCH PURPOSES

By purchasing the ACPIN membership list, I agree to abide by the *Conditions of Sale* listed right. In addition, I agree to provide ACPIN with a written report of my research for publication in *Syn'apse* within six months of completion of the project.

I enclose:

- a brief justification of the proposed research
 a copy of the materials to be forwarded to members
 full payment of the fees:

£ _____

SIGNED _____

DATE _____

In the case of student physiotherapists, your research supervisor must countersign and agree to the above conditions.

SIGNED _____

DATE _____

ACPIN is registered under the Data Protection Act (1984) with members being given the option of receiving other mailings. Therefore, the list you obtain may only be a proportion of the full membership list.

CONDITIONS OF SALE

The membership list is released subject to the following conditions:

- Any lists requested and approved will not be released until full payment has been received (cheques made payable to ACPIN)
- The list is released subject to a once only understanding. (The list must not be reproduced/ passed onto others in any form).
- The ACPIN member is informed, by the purchaser, that their name has been obtained from the purchase of the ACPIN membership list.

FOR OFFICIAL USE ONLY

- Checked with database that applicant is an ACPIN member
- Request details known to:
 - Membership secretary
 - Honorary Research Officer
- Application accepted and relevant regions informed

SIGNED _____

DATE _____