

British Association of Bobath Trained Therapists

Founder Mrs Jennifer Bryce MBE FCSP

MEMBERSHIP REGISTRATION FORM

BLOCK LETTERS PLEASE

NAME: (Mr, Mrs, Miss, Ms) _____

HOME ADDRESS:

WORK ADDRESS:

POST CODE : _____

POST CODE : _____

HOME TEL NO: _____

WORK TEL NO: _____

PROFESSIONAL QUALIFICATION: _____

E-MAIL ADDRESS: (home) _____

E-MAIL ADDRESS: (work) _____

PROFESSIONAL NO: (e.g. CSP NO): _____ BABTT NO: _____

DATE AND VENUE 8 WEEK BOBATH COURSE COMPLETED: _____

BOBATH CERTIFICATE NUMBER (WHERE APPLICABLE): _____

* I am / am not willing to have my name and home address forwarded, where appropriate, following a request for private therapy.

* I have an area of specific interest in _____

* Please indicate any special requirements you may have to allow you to access information or meetings _____

*** Please complete / delete as appropriate**

I enclose my cheque for £20 made payable to BABTT

Signature _____

Date _____

Please send the completed form, together with your cheque to:
BABTT Membership Secretary, Clare Alexander, 24 Ffordd Dolgoed, Mold,
Flintshire, CH7 1PE Email: clarea@talktalk.net

CPD SECTION

Dates and venue of last basic 8 week course:

Date: _____ Venue: _____

Date and venue of last refresher course:

Date: _____ Venue: _____

Date of last advanced/specialist course:

Date: _____ Venue: _____

Date and venue of last BABTT workshop:

Date: _____ Venue: _____

I have evidence of continuation of my Bobath learning during this year available for inspection
Yes / No

I have evidence of 20 hours plus of relevant CPD this year available for inspection
Yes / No

Answers to these questions will determine your membership level

Bobath trained therapist	minimal level
Accredited Bobath trained therapist	all members should aim to obtain this level to keep up to date in their practice
Advanced Accredited Bobath trained therapist	a higher level of attainment

Further information about CPD requirements relating to membership levels follows.

CONTINUING PROFESSIONAL DEVELOPMENT FRAMEWORK FOR BABTT MEMBERS

LEVEL	ATTAINMENT	MAINTENANCE
Bobath Trained Therapist	<ul style="list-style-type: none"> • 2 years experience • Completion of basic 8 week paediatric Bobath course 	Nil
Accredited Bobath Trained Therapist	<ul style="list-style-type: none"> • Complete basic 8 week paediatric Bobath course • Join BABTT 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Up-to-date BABTT membership</i> <input type="checkbox"/> <i>150 clinical hours per year (minimum)</i> <input type="checkbox"/> <i>Evidence of continuation of Bobath learning in CPD file</i> <input type="checkbox"/> Basic course within last 3 years <input type="checkbox"/> BABTT workshop in last 3 years <input type="checkbox"/> Refresher course within last 5 years <input type="checkbox"/> Advanced or specialist course within last 5 years
Advanced Accredited Bobath Trained Therapist	<ul style="list-style-type: none"> • Accredited Bobath Trained Therapist minimum of 2 years • 2 advanced or specialist courses 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Up-to-date BABTT membership</i> <input type="checkbox"/> <i>150 clinical hours per year (minimum)</i> <input type="checkbox"/> <i>Evidence of 20 hours relevant CPD per annum</i> <input type="checkbox"/> BABTT workshop within 12 months <input type="checkbox"/> Eligible to lead BABTT workshops <input type="checkbox"/> Specialist or advance course within 3 years

NOTES

Items in red/italics to be achieved annually

Items in blue/bold – minimum of 1 to be achieved annually