

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, Mary Gow 19 Court Way, Twickenham, TW2 7SA

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