



# Bowen Therapy Professional Association

AN INDEPENDENT ORGANISATION OF BOWEN THERAPISTS RUN BY BOWEN THERAPISTS

## MEMBERSHIP APPLICATION

Form valid until 30<sup>th</sup> September 2018

I wish to apply for membership as a :- (Please tick box)

FULL Member

ASSOCIATE Member

STUDENT Member

(The benefits of each membership level can be found on the BTPA website [www.bowentherapy.org.uk](http://www.bowentherapy.org.uk))

### TO BE COMPLETED BY ALL APPLICANTS (Please Print)

#### PERSONAL DETAILS: – CONFIDENTIAL – (This information is used by the BTPA office only)

TITLE.....NAME.....D.o.B.....

ADDRESS.....  
.....  
.....

.....COUNTY.....POST CODE.....

TEL.....MOBILE.....

E-MAIL.....

### APPLICATION FOR FULL MEMBERSHIP

Full member's clinic details are added to the 'Find a Therapist' area of the BTPA website [www.bowentherapy.org.uk](http://www.bowentherapy.org.uk).

Qualification requirements: A PHOTO COPY OF ALL RELEVANT CERTIFICATES MUST BE PROVIDED – (Tick Boxes)

- Certificate of Bowen Proficiency from a BTPA approved Bowen school
- Anatomy and Physiology Diploma or other certificate incorporating A & P
- Current First Aid Certificate (*The course must cover resuscitation and the Certificate be valid for 3 years*)
- Professional Indemnity Insurance to a minimum value of £2m. (*BTPA can suggest a policy if required.*)
- Certificate of 2 days BTPA approved Bowen CPD workshop training ,dated within last 12 months (*not required if Bowen qualification gained within last 12 months*)
- Current Equine and/or Canine Bowen Registration certificate from either ESEBT or EGCBT colleges – if BTPA animal Bowen listing is required

### APPLICATION FOR ASSOCIATE MEMBERSHIP

For trained Bowen therapists who do not qualify for full membership or who do not wish to be a full BTPA member.

Associate members clinic details are not included in the 'Find a Therapist' area of the BTPA website [www.bowentherapy.org.uk](http://www.bowentherapy.org.uk)

Qualification Requirement:

A PHOTO COPY OF THE RELEVANT CERTIFICATE MUST BE PROVIDED – (Tick Box)

- Certificate of Bowen Proficiency from a BTPA approved Bowen school.

### APPLICATION FOR STUDENT MEMBERSHIP

Applicable to all Students from the first day of training until qualified (up to a maximum of one year)

Student members clinic details are not included in the 'Find a Therapist' area of the BTPA website [www.bowentherapy.org.uk](http://www.bowentherapy.org.uk)

Date Bowen training started..... Estimated date of qualifying.....

A PHOTO COPY OF A RELEVANT ATTENDANCE CERTIFICATE MUST BE PROVIDED – (Tick Box)

- Certificate of Bowen training attendance from a BTPA approved Bowen school.



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## **SUBSCRIPTIONS** (All membership subscription includes a £10.00 administration joining fee)

To be completed by ALL APPLICANTS

<b>UK Full Membership</b>	£110.00	
<b>Overseas Full Membership</b>	£125.00	
<b>UK Associate Membership</b>	£65.00	
<b>Overseas Associate Membership</b>	£80.00	
<b>UK Student Membership</b>	FREE	
<b>Equine Bowen or Canine Bowen Listing (£25.00 each)</b>	£25.00	
<b>Both Equine and Canine Listing</b>	£40.00	
<b>Payment by PayPal (service charge)</b>	£4.00	
	<b>Total</b>	

I enclose: *Please tick one of the options below*

- Cheque.** Payable to BTPA (Overseas applicants – payment in Stirling bank draft)
- BACS Payment.** Bank: HSBC, Sort: 40-34-24, A/C: 31399896 (Please use your name as reference)
- PayPal Payment.** (On receipt of your documents a PayPal invoice will be sent to your email address with a link to make payment)

***I certify that to the best of my knowledge all the information given is true and accurate.***

***I confirm that I have read the Constitution, Rules, Ethics and Code of Practice and agree to abide by it\****

**APPLICANT'S SIGNATURE.....DATE.....**

**NOTE:** It is the responsibility of each member to keep the Membership Office informed of any changes by either:-  
Email – [membership@bowentherapy.org.uk](mailto:membership@bowentherapy.org.uk) or telephone – 07713 552 858 or write to the address below.

**\* The Constitution, Rules, Ethics and Code of Practice are available on the website ([www.bowentherapy.org.uk](http://www.bowentherapy.org.uk)) or on request from the BTPA office.**

Please return all forms and supporting documentation to:-

**Bowen Therapy Professional Association, PO Box 7804, DAVENTRY, NN11 1GP**

**Membership enquiries:- 07713 552 858, email:- [membership@bowentherapy.org.uk](mailto:membership@bowentherapy.org.uk)**

If payment has been made by BACS these forms may be scanned and emailed to the BTPA membership office.



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To be completed by ALL APPLICANTS (Please print)

**Please list other therapies in which you are qualified:-**

- 1).....
- 2) .....
- 3) .....
- 4) .....

**If you have medical training e.g. Physio, Doctor, Nurse, please list:-**

- 1).....
  - 2).....
- If you are fluent in a foreign language, please state which.**
- 1).....

**Please tick if you are willing to:**     Serve on a Regional BTPA Project Team     Contribute to BTPA Publications

**Are you a member of a BTPA Regional Interest Group (RIG)? Yes / No**

If Yes, please confirm RIG name:-.....

**Do you have an area of skills, special interest, experience or expertise which you would be willing to share with others?**

Examples would include working with special groups (e.g. the elderly, babies and children, those with MS, cancer, stroke etc), with certain conditions (e.g. hay fever, asthma or shoulder problems) or in specialist areas (e.g. sports, hospice, mental health).

Perhaps you have experience from a previous business career in PR, marketing, accounts, education, management, finance, health & safety, safeguarding etc. and you would be willing for the committee to contact you for advice when needed.

Please list your skills etc. below and let us know from the following options how this information may be used by the BTPA.

- A. To be contacted only by the BTPA committee
- B. The BTPA may contact me if a journalist, researcher, etc. is looking for a therapist to interview.

Please list your area/s of skill, experience or specialism		Please circle one or more options
1		A. B.
2		A. B.

## FORMAL DECLARATION

**Criminal and Professional Proceedings** To be completed by ALL APPLICANTS

1. Have you at any time been under investigation or convicted of any criminal offence? **YES / NO**

If "YES" please give details on a separate sheet and include the date of criminal proceedings, the date of conviction and the judgment you were given.

2. Have you ever been involved in civil proceedings in matters relating to your professional practice? **YES / NO**

If "YES" please give details on a separate sheet, and whether any judgement was made against you.

3. Have you at any time been subject to any disciplinary proceedings and /or findings against you by any complimentary organisation or other healthcare profession register or association, any teaching institution or government authority. Whether international, national or local? **YES / NO**

If "YES" please give details on a separate sheet of the date when this happened, the nature of the complaint against you and what action was taken or is pending as a result.

I hereby certify that the details on this form are correct and that I shall inform BTPA in writing of any changes immediately that they occur.

**I hereby certify that the details on this form are correct and that I shall inform the BTPA in writing of any future changes immediately that they occur.**

Signed..... Date.....



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## Clinic Address Details (Full Members only)

**Applicant Name:** .....

Please enter your full practice addresses, (maximum 3 Human, 2 Animal), in the relevant boxes below.

Note 1: *There is an additional fee for including equine and/or canine listing(s), please see subscriptions information.*

Note 2: If you are based from home and do not wish to publish your full home address, you may fill in as much of the address as you feel comfortable with. **Town/village, county, postcode and telephone number must be included.**

The following addresses will be made available to the general public, fellow practitioners and included on the BTPA website under 'Find a Therapist'.

### Required – PLEASE PRINT

### Optional – PLEASE PRINT

<p><b><u>Clinic 1: Human</u></b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Town: .....</p> <p>County: .....</p> <p>Postcode: .....</p> <p>Tel: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Website: .....</p>	<p><b><u>Clinic 1: Please tick - Equine ( ) Canine ( )</u></b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Town: .....</p> <p>County: .....</p> <p>Postcode: .....</p> <p>Tel: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Website: .....</p>
<p><b><u>Clinic 2: Human</u></b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Town: .....</p> <p>County: .....</p> <p>Postcode: .....</p> <p>Tel: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Website: .....</p>	<p><b><u>Clinic 2: Please tick - Equine ( ) Canine ( )</u></b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Town: .....</p> <p>County: .....</p> <p>Postcode: .....</p> <p>Tel: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Website: .....</p>
<p><b><u>Clinic 3: Human</u></b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Town: .....</p> <p>County: .....</p> <p>Postcode: .....</p> <p>Tel: .....</p> <p>Mobile: .....</p> <p>Email: .....</p> <p>Website: .....</p>	