



## MEMBERSHIP SUBSCRIPTION - 2011/12

The Annual Membership subscription becomes due and payable on 1<sup>st</sup> March 2011 and the period of membership will extend until 29<sup>th</sup> February 2012

### SUBSCRIPTIONS PAYABLE FOR 2011 ARE AS FOLLOWS:-

**Full & Associate Membership: £105**

**Student Membership: £50**

Note: Should a Student Member become eligible for transfer to Associate Membership during the year then this payment will be credited towards the new subscription and the balance will become payable at that time.

**Retirement Membership £25**

Note: This category of membership is open only to those members who have permanently retired from practice.

**Non-Practising Membership: £55**

This category of non-insured membership is open only to persons who are not currently engaged in the profession and are providing no treatments whatsoever.

**Affiliate Membership £70**

Note: This sphere of membership is available to persons who by virtue of their qualifications have achieved a statutory protection of title in their therapy and wish to continue in membership of the LCSP Register.

#### Overseas Members (non-European)

Annual Subscription:	Full & Associate Members	£60 (Sterling)
	Non-Practising Members	£30 (Sterling)
	Student & Retirement Members	£15 (Sterling)

#### European Members (including Eire)

Annual Subscription:	Full & Associate Members	€70 (euros)
	Non-Practising Members	€35 (euros)
	Student & Retirement Members	€18 (euros)

#### Transfer from Associate to Full Membership

Applications for transfer from Associate to Full Membership may be made to Council at any time and a copy of the criteria for transfer is available on request.

#### PLEASE TICK APPROPRIATE BOX

Full Membership:	<input type="checkbox"/>	Retirement Membership:	<input type="checkbox"/>	Non-Practising Membership:	<input type="checkbox"/>
Associate Membership:	<input type="checkbox"/>	Affiliate Membership:	<input type="checkbox"/>	Student Membership:	<input type="checkbox"/>

#### INSURANCE

If insured through other organisations or private cover, holding a comparable insurance cover for £5,000,000 or above. **(A copy of your current insurance certificate must be sent with your membership subscription)**

Insured through the Register Scheme:  Insured through alternative cover (copy enclosed):

In the event of an Insurance claim, I hereby give permission to the insurers to inform the Register of details and developments pertaining to the claim. The Register will deal with any information supplied in the strictest confidence as required by the Data Protection Act (1998). Information supplied will be used to improve the services set out by the Register and to administer the scheme.

I confirm I have a current valid First Aid Certificate:  I confirm I am aware of and involved in my CPD obligations:

Please state total payment enclosed:.....

**Cheques payable to "LCSP Register"**



**PERSONAL DETAILS – PLEASE PRINT CLEARLY**

Last Name:.....

First Name: ..... *(Mr, Mrs, Ms, Dr etc)*

Mailing Address:.....

..... Town/City:.....

County:..... Post Code: .....

E-mail: .....

Home Telephone No:\_\_\_\_\_ Mobile Telephone No:\_\_\_\_\_

Signed: ..... Dated:.....

*(Please Note: If your mailing address is also your practice address, you still need to complete the other side)*

**All subscription payments (U.K. and Overseas) should be sent to the  
Administrative Office, LCSP Register, 38a High Street, Lowestoft, Suffolk NR32 1HY  
2011/12 LCSP REGISTER  
DIRECTORY OF PRACTITIONERS/ON-LINE DIRECTORY**



**PLEASE COMPLETE ONLY IF YOU WISH TO BE INCLUDED**

You may tick one or more of the following therapies provided by you, subject to meeting the criteria outlined below with regard to approved training, qualification and other requirements.

- Physiotherapy       Manipulative Therapy       Chiropractic  
 Remedial Massage       Osteopathy       Sports Therapy

**NAME:** .....  
(Please print name *exactly* as you wish it to appear, i.e. Mr., Mrs., Miss, Ms. etc. and either initials or forename in full)

<p><b>PRACTICE</b></p> <p>NAME:.....</p> <p>ADDRESS:.....</p> <p>.....TOWN:.....</p> <p>CITY:..... COUNTY:.....</p> <p>POSTAL CODE (OR ZIP CODE):.....COUNTRY:.....</p> <p>TELEPHONE NO: (STD/AREA CODE):.....MOBILE NO:.....</p> <p>E-MAIL ADDRESS.....</p> <p>WEB ADDRESS:.....</p> <p>IF HPC REGISTERED, PLEASE GIVE NUMBER:..... CNHC: YES / NO</p> <p><b><i>(Additional Practice Addresses - Continue on a separate sheet if necessary)</i></b></p>
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## **GUIDE TO ACCEPTABLE ENTRIES**

### **REMEDIAL MASSAGE (includes practitioners of Sports Massage and Orthopaedic Massage)**

You must be either an **Associate or Full Member** of the Register, holding a Diploma in Remedial (Swedish) Massage therapy, an equivalent qualification in sports massage, or an acceptable qualification acquired through training elsewhere. *(If you are eligible for an entry for Manipulative Therapy or Osteopathy/Chiropractic, you may include Remedial Massage Therapy also if relevant).* **Remedial Massage** implies that you provide therapeutic massage and soft-tissue manipulations; and possibly electrotherapy, in the treatment of muscular-skeletal conditions, sports injuries, etc.

### **MANIPULATIVE THERAPY**

You must be a **Full Member** of the Register who, in addition to holding a Diploma in Remedial Massage Therapy (or equivalent) holds also a Higher-grade Diploma in Manipulative Therapy, or a similar qualification. (Alternatively you must be a **Full Member** who has been in practice for a minimum of three years and who is able to provide evidence of acceptable post-graduate training during that period. If details of such training are not held by us, please give information.

### **OSTEOPATHY/CHIROPRACTIC**

Members in the U.K. must be registered with either the General Osteopathic Council or General Chiropractic Council in accordance with the statutory requirements for the practice of these therapies.

### **PHYSIOTHERAPY**

Members must be registered with the (HPC) Health Professions Council and state their Registration number above.

### **SPORTS THERAPY**

Will utilise the skilled application of a wide range of therapeutic techniques and modalities which will enable the therapist to recognise, treat, prevent and advise a patient in injuries relating to sporting participation or activities. Such techniques would be selected and implemented after due consideration and consultation with the patient taking into account relevant medical history, general and specific health related assessments. They will also help to prevent injuries, prepare the body for intense physical activity, maintain the body in optimal condition and assist participants to recover from training and injuries.