** Assessment Application Form**  
 **ATACP Accredited Foundation in Aquatic Physiotherapy**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Foundation 2 day taught element course Tutor and location** | | |  | | | | | |
| **Foundation 2 day taught element course Date** | | |  | | | | | |
| **A copy of the Foundation 2 day taught element certificate must be sent with this application form** | | | | | | | | |
| **Applicant’s Personal Details - Please complete all relevant question boxes** | | | | | | | | |
| **Surname** |  | | | | | | **Title Mr / Mrs / Ms etc.** |  |
| **Forenames** |  | | | | | | **Gender** |  |
| **Previous surname if applicable** |  | | | | | | **Date of Birth DD:MM:YY** |  |
| **CSP no.** |  | | | **HCPC no.** | |  | **ATACP member** | **Yes /No** |
| **Home Address** | | | | | **Contact Details** | | | |
| **Street** |  | | | | **Home telephone no.** | |  | |
| **City / Town** |  | | | | **Mobile telephone no.** | |  | |
| **Postcode** |  | | | | **Contact email** | |  | |
| **Country of residence** |  | | | |  | |  | |
| **Applicant’s Work Information and Aquatic Physiotherapy Experience** | | | | | | | | |
| **Current position / band** | |  | | | | | | |
| **Specialism e.g. neuro, MSK, paediatric** | |  | | | | | | |
| **Place of work/s** | |  | | | | | | |
| **Previous aquatic physiotherapy experience e.g. undergraduate, study days, IST** | |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please advise of any special learning or medical needs. This must be notified and discussed between the applicant & ATACP prior to the commencement of the assessment process.** | **Yes /No** | | | |
| **Assessment Fee £300 Method of payment / funding** | **Self funded BACS** |  | **Funded** |  |
| Please email your completed assessment application form **WITH A COPY OF YOUR CERTIFICATE OF ATTENDANCE AT THE 2 DAY TAUGHT ELEMENT** to: [atacpaccreditation@outlook.com](mailto:atacpaccreditation@outlook.com)  Once the application has been received you will get a confirmation email with an opportunity for a telephone call (if required) with a member of the assessment team.  **A mentor will be allocated on receipt of payment.** | | | | |
| **Data Protection, Terms and Conditions & Eligibility** | | | | |
| Apart from extracted statistical data, the information on this form will not be passed to persons or organisation without the Candidate’s permission. | | | | |
| **The information that I have provided is, to my knowledge, correct and I have read and understood the above section related to “Data Protection”. The ATACP Privacy policy can be read on the website** [**www.atacp.org.uk**](http://www.atacp.org.uk/)  **I have read and accept the Terms and Conditions. I confirm that I fulfil the eligibility criteria for mentoring and assessment components of this Accreditation.**  **Signed**  **Date** | | | | |