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

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| **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**  |  |

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| **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 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** |