

# MEMBERSHIP APPLICATION FORM

Please use block letters or type

ISPO-No

(To be completed by ISPO)

**Title :** Mrs.  Dr.  Prof.   
 Ms.  Mr.  : Other

Please Tick Only One Box

Professional Category		
Administrator	A	<input type="checkbox"/>
Company	C	<input type="checkbox"/>
Engineer	E	<input type="checkbox"/>
Podiatrist, Chiropodist	F	<input type="checkbox"/>
Institution	I	<input type="checkbox"/>
Medical Doctor	MD	<input type="checkbox"/>
Nurse	N	<input type="checkbox"/>
Occupational Therapist	OT	<input type="checkbox"/>
Prosthetist-Orthotist	PO	<input type="checkbox"/>
Physiotherapist	PT	<input type="checkbox"/>
Student	S	<input type="checkbox"/>
Shoemaker, Shoefitter	SH	<input type="checkbox"/>
Other		<input type="checkbox"/>

Please detail :

\_\_\_\_\_

**Last Name :** \_\_\_\_\_

**First Name :** \_\_\_\_\_

**Address :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Post Code :** \_\_\_\_\_

**Date of Birth :** \_\_\_\_\_ **Female :**   
**Male :**

**Nationality :** \_\_\_\_\_

**Present Post, Job or Position :** \_\_\_\_\_

**Professional Qualifications :** \_\_\_\_\_  
 \_\_\_\_\_

Please Tick Only One Box

**Subcategory (if any)**

**Engineers :**  
 Biomechanical   
 Rehabilitation   
 Other

**Medical Doctors :**  
 Orthopaedic Surgeon   
 Pediatrician   
 Physician   
 Rehabilitation Medicine Surgeon

**Prosthetist-Orthotists :**  
 Orthopaedic Technologist   
 Orthotist   
 Prosthetist

**Other**

Please detail :

\_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Fax :** \_\_\_\_\_

**E-mail :** \_\_\_\_\_

Tick in boxes; more than one, if appropriate.

Language		Indicate Fluency		
		Good	Average	Poor
English	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please detail :

\_\_\_\_\_

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form, together with a cheque (payable to ISPO UK NMS) for the first year's subscription\* to :

**ISPO UK NMS Secretariat, PO Box 2781, Glasgow, G61 3YL**

\* Subscription: £80, Student member: £25 (please provide proof of student status)

**Enquiries, please email: info@ispo.org.uk**

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## INFORMATION ABOUT CURRENT ACTIVITIES :

Tick in boxes; more than one, if appropriate.

Working Fields		
Administration	A	
Activity Daily Living	ADL	
Amputations	AMP	
Biomechanics	BM	
Business	BU	
CAD/CAM	CAD	
Community Based Rehab	CBR	
Communication	COM	
Cerebral Palsy	CP	
Developing World	DW	
Education	EDU	
Foot	F	
Functional Electr Stim	FES	
Functional Outcome Meas	FOM	
Fracture Bracing	FRB	
Gait	G	
Geriatrics	GER	
Hip Disarticulation	HD	
Lower Limb Prosthetics	LL	
Lower Limb Orthotics	LLO	
Materials	M	
Neurologic Disorders	NEU	
Orthotics	O	
Occupat. Therap.	OT	
Prosthetics	P	
Pain	PAI	
Pediatrics	PED	
Pharmaceuticals	PH	
Prosthetics/Orthotics	PO	
Physiotherapy	PT	
Quality Control	QC	
R&D	RD	
Rehabilitation	REH	
Seating	SEA	
Shoes	SH	
Socket	SO	
Spine	SP	
Sports	SPO	
Surgery	SU	
Training	T	
Upper Limb Prosthetics	UL	
Upper Limb Orthotics	ULO	
Vascular Surgery	VAS	
Wheel Chair	WC	
Other		

Please detail :

R&D Fields		
Administration	A	
Activity Daily Living	ADL	
Amputations	AMP	
Biomechanics	BM	
Business	BU	
CAD/CAM	CAD	
Community Based Rehab	CBR	
Communication	COM	
Cerebral Palsy	CP	
Developing World	DW	
Education	EDU	
Foot	F	
Functional Electr Stim	FES	
Functional Outcome Meas	FOM	
Fracture Bracing	FRB	
Gait	G	
Geriatrics	GER	
Hip Disarticulation	HD	
Lower Limb Prosthetics	LL	
Lower Limb Orthotics	LLO	
Materials	M	
Neurologic Disorders	NEU	
Orthotics	O	
Occupat. Therap.	OT	
Prosthetics	P	
Pain	PAI	
Pediatrics	PED	
Pharmaceuticals	PH	
Prosthetics/Orthotics	PO	
Physiotherapy	PT	
Quality Control	QC	
R&D	RD	
Rehabilitation	REH	
Seating	SEA	
Shoes	SH	
Socket	SO	
Spine	SP	
Sports	SPO	
Surgery	SU	
Training	T	
Upper Limb Prosthetics	UL	
Upper Limb Orthotics	ULO	
Vascular Surgery	VAS	
Wheel Chair	WC	
Other		

Teaching Fields		
Administration	A	
Activity Daily Living	ADL	
Amputations	AMP	
Biomechanics	BM	
Business	BU	
CAD/CAM	CAD	
Community Based Rehab	CBR	
Communication	COM	
Cerebral Palsy	CP	
Developing World	DW	
Education	EDU	
Foot	F	
Functional Electr Stim	FES	
Functional Outcome Meas	FOM	
Fracture Bracing	FRB	
Gait	G	
Geriatrics	GER	
Hip Disarticulation	HD	
Lower Limb Prosthetics	LL	
Lower Limb Orthotics	LLO	
Materials	M	
Neurologic Disorders	NEU	
Orthotics	O	
Occupat. Therap.	OT	
Prosthetics	P	
Pain	PAI	
Pediatrics	PED	
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Upper Limb Prosthetics	UL	
Upper Limb Orthotics	ULO	
Vascular Surgery	VAS	
Wheel Chair	WC	
Other		

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## INFORMATION ABOUT WILLINGNESS TO WORK FOR ISPO OR OTHER AGENCIES :

Tick in boxes; more than one, if appropriate.

Willing to Work		
Committee	ORG	<input type="checkbox"/>
Lecturing	EDU	<input type="checkbox"/>
Referee Prosth Orth Intern	REF	<input type="checkbox"/>
Advisory	ADV	<input type="checkbox"/>
Abroad	DW	<input type="checkbox"/>

Working Environment		
Industrialised World	I	<input type="checkbox"/>
Arabian Gulf	GU	<input type="checkbox"/>
Developing World	DW	<input type="checkbox"/>

Time Available		
< 1 Mo	1	<input type="checkbox"/>
1 - 3 Mo	3	<input type="checkbox"/>
3 - 6 Mo	6	<input type="checkbox"/>
< 1 Y	12	<input type="checkbox"/>
> 1 Y	18	<input type="checkbox"/>
Any Time	ANY	<input type="checkbox"/>

## INFORMATION ABOUT PREVIOUS EXPERIENCE :

Work Abroad		
Advisory	ADV	<input type="checkbox"/>
Clinical Work	CL	<input type="checkbox"/>
Research	RD	<input type="checkbox"/>
Teaching	EDU	<input type="checkbox"/>

Organisations		
USAID	AID	<input type="checkbox"/>
Intern Comm Red Cross	ICRC	<input type="checkbox"/>
German GTZ	GTZ	<input type="checkbox"/>
Handicap International	HI	<input type="checkbox"/>
British Council/ODA	ODA	<input type="checkbox"/>
Sandy Gall	SG	<input type="checkbox"/>
United Nations	UN	<input type="checkbox"/>
World Health Organization	WHO	<input type="checkbox"/>
World Orthop Concern	WOC	<input type="checkbox"/>
World Rehab Fund	WRF	<input type="checkbox"/>
World Vision	WV	<input type="checkbox"/>
Other		<input type="checkbox"/>

Duration of Previous Work		
< 1 Mo	1	<input type="checkbox"/>
1 - 3 Mo	3	<input type="checkbox"/>
3 - 6 Mo	6	<input type="checkbox"/>
< 1 Y	12	<input type="checkbox"/>
> 1 Y	18	<input type="checkbox"/>

Working Environment		
Industrialised World	I	<input type="checkbox"/>
Arabian Gulf	GU	<input type="checkbox"/>
Developing World	DW	<input type="checkbox"/>

Please detail :

\_\_\_\_\_

This computer file will only be used for purposes within the Constitutional aims of ISPO and in accordance with the Danish Laws for protection of such files. Completion of this form indicates your agreement for the information contained to be used in this way.

Completion of the sections relate to willingness to work for ISPO or other agencies, and about previous experience are not mandatory to be accepted as a member of ISPO.

Sensitive data will not be disclosed to third parties without written permission.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Please return to : ISPO UK NMS Secretariat, PO Box 2781, Glasgow, G61 3YL.