

# Membership Application Form



Return completed forms to:

For queries please contact:

Willows Hydrotherapy  
65 Mowbray Drive  
Blackpool  
Lancashire FY3 7UN

07976 500454  
[enquiries@canine-hydrotherapy.org](mailto:enquiries@canine-hydrotherapy.org)  
[www.canine-hydrotherapy.org](http://www.canine-hydrotherapy.org)

Please complete all relevant details and ensure that the required documentation and payment is enclosed.

## Business & Centre Details

<b>Name of Business</b>					
<b>Name of Owner(s)</b>					
<b>Address</b>					
<b>Correspondence Address (if different)</b>					
<b>Telephone Number Land and/or mobile</b>					
<b>Centre Main Email Address</b>					
<b>Website</b>					
<b>Hydrotherapy Start Date</b>					
Please enclose a copy of the relevant part of your Insurance Schedule confirming your Employers, Public Liability and Professional Indemnity cover.					
Submission to the CHA of a monthly bacterial test report is a QS requirement. Please advise if this is already part of your water maintenance programme. Yes/No					
<b>Pool Yes/No</b>	<b>Treadmill Yes/No</b> ↓	<b>Restraint Harnesses</b> ↓	<b>Floatation Devices</b> ↓	<b>Photometer or Comparator</b> ↓	<b>Hoist Yes/No</b>
	Make:	Make:	Make:		<b>Spa Yes/No</b>

Please complete this section for **ALL** operatives at the Centre. **Please photocopy and use one sheet for EACH member of staff.**

## Staff Information

<b>Name</b>	<b>Centre Name</b>
<b>Individual / Personal Email Address</b> <b>N.B Not commencing with email@ or info@</b> <b>This is to facilitate access to our Members' Closed Facebook page and to receive cpd info.</b>	
If you are not in training and working as an assistant alongside a qualified operative please tick here <input style="float: right;" type="checkbox"/>	

## Qualifications

Using this key:

**ACE** = Animal Care Education; **AW** = Abingdon & Witney College; **CE** = CEPT; **CH** = CHRC; **G** = Greyfriars; **H** = Hawksmoor; **K9** = K9HS; **MC** = Moulton College; **SC** = Southcoast; **W** = Whitehouse

Please indicate which hydrotherapy qualification you **hold** and **date achieved** below the following:

Level 3	Level 3 Diploma	BTech Level 4	Level 5	Top-Up to Hydro (K9HS course for vet nurses/phys)	Level 7 CEPT PG Cert +L3 Water & 1st Aid	Vets, VNs Vet Phys + L3 Water & L3 1st Aid	OTHER (please specify)

If you are currently **studying** towards a hydrotherapy qualification, using the same key as above, please indicate where and when you commenced your studies:

Level 3	Level 3 Diploma	BTech Level 4	Level 5	Top-Up to Hydro (K9HS course for vet nurses/physios)	Level 7 CEPT PG Cert +L3 Water & 1st Aid	Vets, VNs Vet Phys + L3 Water & L3 1st Aid	OTHER (please specify)

Are you enclosing course providers' certificates?

Yes

To Follow

Are you enclosing a Qualifications Transcript?

Yes

To Follow

Two Individual Assessment Days need to be completed and this **may** be with your training provider. However please check with the CHA first as there are alternatives, e.g. an in house training day; combined audit and in-house training day or 2 days at one of our nominated CHA member centres.

**Do you hold a L3 Aquatic Treadmill module** Yes / No

When and where was this achieved?

**Do you hold a valid Level 3 First Aid Certificate?** Yes/No

Where and when was this achieved?

When does it expire?

**Please list any related industry qualifications using a separate page if necessary**

### Inspection & Certification

New applicants will also receive a centre visit prior to achieving full membership status and the Canine Hydrotherapy Association reserves the right to require inspection of all its member centres at any reasonable time

*Membership approval may be issued without the pre-requirement of inspection at the discretion of the CHA.*

### General

By signing this form, you will be confirming that you have read and understood the most recent copies of the Association's Code of Practice and Quality Standards documents, agreeing to accept & abide by and to implement and maintain the content of these documents at all times. This form must be signed by the owner(s) of the pool named above.

**The joining fee is £75.00**

(A pro rata annual subscription of £216.00 is payable once membership has been approved)

I/we are desirous to become members of the Canine Hydrotherapy Association and request you to enter my/our name in the Register of Members accordingly, subject to the Memorandum and Articles of Association. I/we further understand that voting rights are only conferred upon Full Members of the Association and should membership cease, then the CHA Logo and any reference to membership of the CHA must be removed from all advertising and marketing material. I also agree to display my valid CHA Membership Certificate in a prominent and public place within my centre.

Signed:

Date:

Signed:

Date:

**Please return all completed forms to:**

**Willows Hydrotherapy  
65 Mowbray Drive  
Blackpool  
Lancashire  
FY3 7UN**

Bank Details:

Barclays Bank  
Sort Code: 20-30-89  
Account No: 53606368  
Cheques payable to:  
'Canine Hydrotherapy Association Ltd'