

Membership Application Form



Return completed copies to:
enquiries@canine-hydrotherapy.org

For enquiries please contact:
www.canine-hydrotherapy.org
enquiries@canine-hydrotherapy.org

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

1

Business & Centre Details

Name of Business						
Name of Owner (CAT A*)						
Address						
Correspondence Address (if different)						
Telephone Number(s)						
Personal Email Address						
Centre Main Email Address						
Website						
Hydrotherapy Start Date						
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 on each piece of equipment is a QS requirement. Please advise if this is already part of your water maintenance programme. Yes / No						
Pool	Treadmill	Spa	Hoist	Restrain Harnesses	Flotation Devices	Water Test Kit
Y/N	Y/N Make:	Y/N	Y/N	Make:	Make:	Photometer Or Comparator

*If you are a qualified hydrotherapist please also add your details to section 2

From **1st October 2017** the CHA are operating on Individual Membership. This requires the Centre owner (qualified or unqualified) and **ALL** staff members directly involved with hydrotherapy to be a listed member.

There are 3 categories which are as follows:

- **CAT A** – This person takes uttermost responsibility for the centre whether they are qualified or unqualified. **(£150)**
- **CAT B** – This person is a fully qualified canine hydrotherapist **(£45)**

*The above categories can use the letters MCHA after their name. This categorization is for office use **ONLY** and has no representation of qualification or experience.*

- **Student/ Associate member:** This is for those that are currently studying to be a canine hydrotherapist or those members of staff that work within your centre but have no intention of becoming a qualified canine hydrotherapist **(£25)**

If you are a sole trader you will be a CAT A member.

Staff Name			
Personal email address			
Category (as listed above)			
Qualification Achieved: (if applicable)			
Qualification working towards (student/associate member)			
Training establishment achieved at:			
Do you hold a Level 3 Aquatic Treadmill module?			
Yes/No			
When and where achieved			
Do you hold a valid Level 3 First Aid Certificate?			
Yes/No			
When and where achieved			
Please list any related industry qualifications (using a separate page if necessary)			

Staff Name			
Personal email address			
Category (as listed above)			
Qualification Achieved:			
Qualification working towards			
Training establishment achieved at:			
Do you hold a Level 3 Aquatic Treadmill module?			
Yes/No			
When and where achieved			
Do you hold a valid Level 3 First Aid Certificate?			
Yes/No			
When and where achieved			
Please list any related industry qualifications (using a separate page if necessary)			

Repeat table as necessary

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.

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.

General

Have you or any members of staff been registered or currently registered with NARCH? **Y/N**

With your permission we will approach NARCH for previous CPD records and other relevant information.

Signed:

Date:

By signing this form, you and any staff are 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 centre named above.

'Upon signing you give us permission to contact other membership bodies to cross reference CPD and qualifications'

The joining fee is £75.00

(A pro rata annual subscription will be required once membership is granted)

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:

enquiries@canine-hydrotherapy.org

Bank Details:

Barclays Bank
Sort Code: 20-30-89
Account No: 53606368