



ACPOHE

**Registered Membership
Application Handbook for
Route 2 Short courses and Case study**

If you wish to apply by Route 1 – educational achievement or Route 3 - two case studies please download the handbook for applications by Route 1 or 3

2012

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1. Introduction

Who can apply for registered membership?

Current members of ACPOHE are eligible to apply to be included on the register.

This handbook provides you with all the information required to submit your application for registration by Route 2.

2. Registered membership by Route 2 – Short courses and a case study

Courses

Members who have completed 4* ACPOHE courses** are eligible to apply for registered membership via the short courses and case study route. Course must include:

- An Introduction to Occupational Health (including post course assignment if you did this course in 2011 or after)
- Applied Ergonomics

Two courses from the following list:

- Office workstation ergonomics level 1
- Office workstation ergonomics level 2
- Assessing fitness for work and function
- Occupational rehabilitation and work hardening
- Communication for better outcomes: Using a cognitive behavioral approach in occupational health
- Work relevant upper limb disorders; prevention and management
- Moving and handling; preventing injury and ill health at work

*Members who undertook ACPOHE courses before 2008 (eg 3 day Introduction to Occupational Health and 3 day Applied Ergonomics) can also apply for membership via this route. Please note that you do not need to have undertaken 4 of the current courses. You must provide your certificate of attendance for ACPOHE courses pre 2008.

**A Course from another organization may be considered if it meets the following criteria:

- Course content must be consistent with ACPOHE course or suitably reflect the Level B requirements on the ACPOHE OH competency framework.
- The course MUST have an assessable component.
- The course must be supported by a higher education institute or other recognized professional body e.g. IOSH, HSE etc.

You must submit your certificates of attendance for the eligible courses and where applicable the certificate demonstrating that you passed the post course assignment of the Introduction to Occupational Health Course.

Case study

You must also submit one case study to demonstrate your work in the field. The evidence submitted for the case study should demonstrate that you meet Level B requirements on the ACPOHE OH competency framework. You must choose one subject for your case study from either A or B.

3. Case Study Options

For Route 2 you must choose one case study.

A

1. Occupational physiotherapy
2. Occupational/ vocational rehabilitation

B

3. Ergonomics
4. Assessment for fitness for work – measuring the job and the person

A(1) Occupational Physiotherapy Case Study

Introduction

The purpose of the case study is to assess how you can manage a patient in an occupational health setting to achieve a successful outcome for the patient and for the business

Task

You will prepare a case study of a patient with a musculoskeletal problem who is having difficulty returning to their normal work. The case study should take the format of a written reflective account explaining your clinical reasoning for your treatment and management of this patient. You need to submit as an appendix to the case study anonymised case notes from the start to the end of the episode of care with the patient.

Information to be submitted comprises:

- Reflective account for the case explaining your clinical reasoning for the management. 3000 words (excluding figures, tables, appendices & reference list)
- Anonymised case notes included as an appendix (no word limit)

Assessment criteria

The requirements for completing each element of the assignment are given on the marking sheet in section 12, and in the notes audit section 13.

- Case notes must be compliant with CSP notes audit (Must achieve 70% +)
- Appropriate consent form must be completed allowing communication with stakeholders
- Management is aligned to evidence based guidelines
- Job requirements and problems with return to work are clearly identified
- There is a clear plan to address return to work issues comprising transitional work arrangements, modified work and/or rehabilitation to work
- There is evidence of communicating with all stakeholders involved in the case where consent has been obtained (GP / consultant / line manager / HR / OH / others involved in the case)

The reflective account must explain:

- Rationale for consent obtained for this case

- Rationale for the workplace management and return to work plan
- How the clinical management is aligned to evidence based guidelines

and be appropriately referenced.

A(2) Occupational or Vocational Rehabilitation Case Study

Introduction

The purpose of the case study is to assess how you can manage a patient in an occupational rehabilitation setting to achieve a successful outcome for the patient in terms of assisting them to return to work or increasing their readiness for work

Task

You must prepare a case study of a patient with an on-going musculoskeletal problem who is having difficulty returning to their normal work from a period of long term sickness absence. The case study should take the format of a written reflective account explaining your clinical reasoning for your actions and management of this patient. You need to submit as an appendix to the case study anonymised case notes from the start to the end of the episode of care with the patient.

Information to be submitted comprises:

- Reflective account for the case explaining your clinical reasoning for the management. 3000 words (excluding figures, tables, appendices & reference list)
- Anonymised case notes included as an appendix (no word limit)

Assessment criteria

The requirements and weighting for each element of the assignment is given on the marking sheet. in section 12, and in the notes audit section 13.

- Case notes must be compliant with CSP notes audit (Must achieve 70% +)
- Appropriate consent form must be completed allowing communication with stakeholders
- Management is aligned to evidence based guidelines
- Job requirements and problems with return to work are clearly identified
- There is a clear plan to increase readiness to return to work issues comprising work experience or training, transitional work arrangements, modified work and /or rehabilitation to work
- There is evidence of communicating with all relevant stakeholders involved in the case where consent has been obtained (GP / consultant / line manager / HR / OH/ others involved in the case)

The reflective account must explain:

- Rationale for consent obtained for this case
- Rationale for the workplace management and return to work plan
- How the clinical management is aligned to evidence based guidelines

and be appropriately referenced.

B(3) Ergonomic assessment case study

Introduction

The purpose of the case study is to assess how you undertake an ergonomic workplace assessment for an individual (or a small group of workers) with an ongoing health problem to achieve a successful outcome for the individual and the business. Please note that a DSE workstation assessment as per the HSE guidance is not sufficient. You must undertake a detailed ergonomics assessment considering all aspects of the individual's safety and comfort.

Task

You must prepare a case study of an individual or small group with musculoskeletal problems due to their normal work. You must have undertaken a detailed ergonomics assessment of their workplace to advise on reasonable modifications or adjustments to improve comfort and safety.

The case study should take the format of a written reflective account explaining your reasoning for the methodology you used for the ergonomics assessment. You need to submit as an appendix to the case study anonymised assessment notes and tools and a record of the steps you took to facilitate the implementation of your recommendations in the workplace.

Information to be submitted comprises:

- Reflective account for the case explaining your clinical reasoning for the management. 3000 words (excluding figures, tables, appendices & reference list)
- Anonymised case notes included as an appendix (no word limit)

Assessment criteria

The requirements and weighting for each element of the assignment are given on the marking sheet in section 12, and in the notes audit sections 13 and 14.

- Appropriate consent form must be completed allowing communication with stakeholders
- Assessment and tools used are appropriate and aligned to evidence base
- Job demands and problems with work for the individual are clearly identified
- There is a clear and actionable plan that includes (as appropriate) temporary or permanent restrictions, reasonable adjustments or modifications to the work or workplace
- There is evidence of communicating with all relevant stakeholders involved in the case to implement recommendations (manager / HR / OH/ etc)

The reflective account must explain:

- Rationale for consent obtained for this case
- Rationale for the workplace management and return to work plan
- How the clinical management is aligned to evidence based guidelines

and be appropriately referenced.

B(4) Assessing fitness for work measuring the job and the person

Introduction

The purpose of the case study is to assess how you undertake an ergonomics workplace assessment for an individual with an ongoing health problem and use functional measurement to compare the individual's capability to the demands of the job.

Task

You will prepare a case study of an individual with a musculoskeletal problem who is having difficulty returning to their normal work. You will have undertaken an assessment of their workplace to understand the demands of the job. You will then have carried out an assessment of the person to match their capability to the job demands so that you can advise on their fitness for work

The case study should take the format of a written reflective account explaining your reasoning for the methodology you use for the workplace assessment and for the fitness for work assessment. You need to submit as an appendix to the case study anonymised assessment notes and tools for both the workplace assessment and the individual assessment

Information to be submitted comprises:

- Reflective account for the case explaining your clinical reasoning for the management 3000 words (excluding figures, tables, appendices & reference list)
- Anonymised case notes included as an appendix (no word limit)

Assessment criteria

The requirements and weighting for each element of the assignment is given on the marking sheet in section 12, and in the notes audit sections 13 and 14.

- Appropriate consent form must be completed allowing communication with stakeholders
- Assessment and tools used are appropriate and aligned to evidence base
- Job demands and problems with work for the individual are clearly identified
- There is a clear and actionable plan that includes (as appropriate) temporary or permanent restrictions, reasonable adjustments or modifications to the work or workplace
- There is evidence of communicating with all relevant stakeholders involved in the case to implement recommendations (manager / HR / OH/ etc)

The reflective account must explain:

- Rationale for consent obtained for this case
- Rationale for the workplace management and return to work plan
- How the clinical management is aligned to evidence based guidelines

and be appropriately referenced.

4. Referencing your work

Please use a Harvard referencing style. This is where citations including author's last name and year are inserted directly into the text, like this (Kusnick, 1997). If there is more than one author, the citation might look like this (Kusnick and Waterstraat, 1996) or like this (Kusnick and others, 1995). If you use a reference more than once, you just insert the citation again (Kusnick, 1997). If you reference several authors in the same sentence, you can list them alphabetically within the same citation (Kusnick, 1997; Waterstraat, 1996). If an author has more than one citation in a single year, label them a, b,c, etc. after the year (Kusnick, 1997a). If you include a direct quote, put it in quotation marks and include the page number in the citation (Kusnick, 1997a, p. 37). Be sure to insert a citation anytime you reference factual material or someone else's opinion. It is better to have too many citations than too few (which can be regarded as plagiarism).

Formatting References

At the end of your paper you will have a reference list which includes all items cited in the paper. The reference list is alphabetical, and should be either in APA bibliographic style, or in a style used by a scholarly scientific journal (e.g. Geological Society of America style). The style you choose is less important than being consistent. A typical scientific style might look like this:

Journal article:

Kusnick, Judith E, 1993, Review of Revitalizing Undergraduate Science: Why Some Things Work and Most Don't by Sheila Tobias, *Thought and Action*, v. 9, no. 1, p. 145-146.

Book chapter:

Kusnick, Judith E, 1995, K-12 Workshop Series, in Folsom, Angelica (ed.), *How Universities Can Help Teachers Introduce Girls to Engineering: A How-To Manual*, Davis, CA: University of California at Davis School of Engineering.

Book:

Page, Linda, Judi Kusnick, Kenneth L. Verosub, J. Richard Pomeroy and Victor A. Perkes, 1993, *Earth Science: A Module for Preparing Teachers in Concepts and Teaching Methods for Secondary School Sciences, Report of the SCIP Project*, 443p.

Oral paper from meeting:

Kusnick, Judith, 1997, Discourse structures and strategies in constructivist science education, paper given at 1997 annual meeting of American Educational Research Association, Chicago.

Report published by agency:

Kusnick, Judith E., 1994, Constructivism in Science Education: Intellectual Origins, Theories of Learning, and Pedagogy, Report published by the California Science Implementation Network.

Interview

Schmo, Joe, 1997, personal communication.

Web Sites

Citations for Web sites should look just the same as citations for conventional resources. In your reference list, include this information for Web sites: author, publication date, page title, site title, URL, date accessed, paragraph number (if any). A reference list entry for a Web site might look like this:

Miles, A. 1996, "Academic Bibliographies and the World Wide Web." Department of Communication Studies HyperText Working Web.

http://cs.art.rmit.edu.au/projects/media/hypertext/citation/web_citation.html, August 1996.

The following websites are useful in providing guidance on Harvard referencing

<http://libweb.anglia.ac.uk/referencing/harvard.htm>

<http://library.tvu.ac.uk/find/subject/harvardreference.html>

5. Guidelines for the Presentation of Case Studies

- **You must include a front page for your case studies that gives**
 - Your full name address and contact details and date of submission
 - Make sure your name is on every page
 - Make sure that each page is numbered
- It is expected that submitted work will conform to a high standard of literacy incorporating appropriate terminology
- You are expected locate reference material from a number of sources
- Referencing must conform to the Harvard system
- Work requires to be word-processed, 1.5-2 line spaced and presented in the required format, in a temporary binder
- Arial Font size 11
- Work should not exceed the stated word limit
- The total word count must be displayed on the title page of the case study
- The word count includes all text, references and quotations in the text but excludes figures, tables, appendices, reference lists and bibliographies.

If there are reasons why you are unable to submit in this format, you should contact the ACPOHE education officer for further advice. The contact details are on the committee page on ACPOHE website

<p>Failure to comply with these guidelines will result in your submission being returned to you for correction</p>

6. Plagiarism and Collusion

ACPOHE expects that all work is the applicant's own. Plagiarism and collusion will not be tolerated and are issues of professionalism therefore members found guilty of such offenses will be reported to the Health Professions Council. Please note that it is possible to use "Turnitin" software to scan submissions for plagiarism.

7. Sources of Help

Applicants can request a list of registered members who will be mentors to assist in the completion of the case studies.

8. Case study Assessment Criteria

The criteria against which your case studies will be assessed are in sections 12, 13, 14, and 15. The marking sheets are used to decide whether your submission achieves the required standard for registered membership.

You must achieve a pass in all elements of the case studies and 70% in the audits to be eligible for registration. This is explained in Section 16.

Your case study should demonstrate that you are working at a minimum of level B in relevant domains and subsections of the ACPOHE competency framework document. You can self assess this using the competency framework.

You are strongly advised to familiarise yourself with the ACPOHE assessment criteria and mark sheets **before** commencing your case studies.

9. Assessment resubmission

One resubmission is allowed and must be submitted within 1 year of the date of your application for registered membership.

10. Registration Submission Instructions

1. You must apply for registered membership via the ACPOHE website www.acpohe.org.uk.
2. Select the route you intend to follow for registration and pay the appropriate fee
3. Download and complete the registered member application form
4. Assemble your portfolio of evidence in line with guidance in section 11.
5. Submit via email to acpohe@buryphysio.co.uk requesting a read receipt OR
6. Submit by recorded delivery post to:

ACPOHE administrator
Bury Physio
Maynewater Lane
Bury St Edmunds
Suffolk IP332AB

11. How to apply for your registration

- Complete the registered member application form and pay the fee via the ACPOHE website
- All applicants must provide two professional references using the ACPOHE Professional Reference request form (Appendix A). This can also be downloaded from the registered members page of the website. Your two professional references should be sent direct to ACPOHE admin office
- Send a copy of your certificates from ACPOHE courses that have been signed by a professional colleague to state they have seen the originals or other course certificates to the ACPOHE admin office by post or email. If you email please request a read receipt.
- Send in your case study submission to ACPOHE admin office by post or email. If you email please request a read receipt.

12. ACPOHE Case study marking sheet

Name

Date of Submission:

Case study title:

MARK: Pass

Fail

NOTES AUDIT COMPLIANCE	Pass	Not applicable	Fail	
Ergonomics assessment record meets ACPOHE ergonomic assessment records standard/ Case notes are compliant with CSP notes audit				Records and notes do not meet required standard
CASE MANAGEMENT	Pass		Fail	
Appropriate consent has been obtained				Consent has not been obtained
Assessment methodology is appropriate				Methodology is ad hoc and lacks a clear plan for improvement
Management is aligned to evidence based guidelines				Management is ad hoc and lacks a clear plan for improvement
Assessment tools are appropriately selected, used and results are correctly interpreted				It is unclear which assessment tools were used or how . Interpretation of results incorrect
Job demands are clearly defined and problems undertaking or returning to this job are identified				It is unclear what the employee/s do for their work or why they are having difficulty
There is a clear action plan following the assessment				There is no plan
There is a clear plan for return to work that is followed through treatment				There is no plan
There is clear communication with stakeholders regarding the outcome of the assessment				There is no evidence of communication with stakeholders
REASONING and REFERENCES				
Rationale for consent is explained				Unable to explain rationale for action
Rationale for assessment/ management is aligned to evidence base				Rationale for assessment and management can not be justified

Acknowledgement of sources and correct citation of references is used				Inadequate acknowledgement of sources and incorrect references
Rationale for recommendations and management is clearly explained				Unable to explain rationale for recommendations
STRUCTURE AND PRESENTATION				
Well structured and fluent				Poorly structure & difficult to follow
Correct spelling throughout				Many spelling errors
Grammatically correct				Many grammatical errors
ACPOHE COMPETENCY FRAMEWORK				
Demonstrates a minimum of level B in relevant domains and subsections				Fails to meet level B on the ACPOHE competency framework in relevant domains and subsections

13. CSP Patient Record Audit Data Collection Form for Occupational Health

Name of Physio:

Informed consent	YES	NO	N/A
a) the patient's consent is documented for assessment and treatment			
b) the patient's consent is documented for communication with the workplace			
Assessment			
There is written evidence of a compilation of data consisting of:			
a) the patient's perception of their needs			
b) the patient's expectations			
c) demographic details			
d) presenting condition/problems			
e) past medical history			
f) current medication/treatment			
g) contraindications/precautions/allergies			
h) social and family history/lifestyle			
i) the patient's job demands			
j) the patient's working hours/ days			
k) work status at initial presentation			
l) details of absence related to presenting condition (episodes and duration) condition			
m) obstacles to return to work			
n) relevant investigations			
Examination			
There is written evidence of a physical examination that includes:			
a) observation			
b) use of specific psychosocial assessment tools			
c) use of functional assessment tools			
d) use of relevant outcome measurement with result recorded			
Analysis There is written evidence of:			
a) identified needs/problems			
b) subjective markers are identified			
c) objective markers are identified			
d) work obstacles are identified			
e) a clinical diagnosis (<i>Guidance: This is the physiotherapist's assessment of the problem, not the medical diagnosis</i>)			
Treatment planning	YES	NO	
The plan documents			
a) time scales for implementation/review			
b) goals			
c) the identification of those who will deliver the plan			
d) the route for communication with stakeholders regarding the plan			
Implementation			
a) interventions are implemented according to the treatment plan			

b) all advice/information given to the patient is recorded			
c) there is a record of all communications made with regard to the patients return to work plan			
Evaluation			
There is written evidence that			
a) the treatment plan is reviewed at each session			
b) subjective markers are reviewed at each session			
c) objective markers are reviewed at each session			
d) all changes, subjective and objective and in work status are documented			
e) any changes to the treatment plan are documented			
f) functional and psychosocial measures are repeated at timely intervals to monitor change			
Workplace assessment			
a) where a workplace assessment has been undertaken, the investigation undertaken is clearly recorded			
b) appropriate action under the responsibility of the physiotherapist has been taken as a result of the workplace assessment, in accordance with the identified recommendations			
Transfer or discharge			
a) arrangements for transfer of care to another provider or discharge are recorded in the notes			
b) when transferred, information is relayed to those involved in the patient's ongoing care			
c) discharge summary is sent in keeping with agreed local policy			
d) work status at discharge is documented			
e) the result of outcome measurements are recorded at the end of the episode of care			
Documentation			
a) patient records are started at the time of the initial contact			
b) patient records are contemporaneous			
Guidance: Records are not added to after the time of writing			
c) patient records include details of all communications with relevant stakeholders			
Patient records conform to the following requirements			
a) concise			
b) legible			
c) logical sequence			
d) dated			
e) signed after each entry/attendance			
f) name is printed after each entry/attendance			
g) written in permanent photocopyable ink			

h) errors crossed with a single line (correction fluid is not used) and initialled			
i) each side of the page is numbered			
k) patient's name and either date of birth or reference number are recorded on each page			
l) abbreviations used are explained in an appended glossary			
Patient and physiotherapist safety			
a) there is written evidence of a risk assessment where required for treatment of workplace visits and that appropriate action has been taken			

Total /60

14. Ergonomics Assessment Audit Data Collection Form

Name of Physio:

Consent	YES	NO	N/A
a) appropriate authority to carry out the workplace assessment and to report back has been obtained			
b) the consent of employees involved in the assessment is documented			
c) details of the commissioner of the assessment and relevant stakeholders and their role and position in the organisation			
Risk assessment of the workplace activity to be assessed	YES	NO	N/A
a) there is written evidence of a risk assessment where required for performance of the workplace assessment			
b) there is written evidence that action has been taken as a result of the risk assessment if required			
The workplace assessment	YES	NO	N/A
a) the reason for the assessment			
b) objectives of the assessment			
c) the date and time of the assessment			
d) the work area to be assessed			
e) the specific work tasks to be assessed			
f) the problem to be addressed through the workplace assessment			
g) the timings of the work tasks and task rotation/break schedule – should be included in the organizational factors within the report – see later			
h) there is a brief outline of relevant conditions/problems reported by workers			
i) information is gathered regarding the workers perception exertion/ strain from from the work tasks being assessed			
j) information is gathered on the work methods (bodymechanics used) to perform the work tasks observed			
k) changes to the work methods recommended during the assessment are documented and this information is included in the final report			
l) pre assessment tools such as surveys/questionnaires are used to gather data to inform the assessment			
m) there is evidence of observation of the work area and work tasks to be assessed			
n) there is evidence of the use of appropriate assessment tools			
o) use of relevant measurements and clear information as to how these are taken (eg use of stopwatch and tape measure with measurement points clearly defined)			
p) detailed findings of the assessment are clearly documented			
Analysis	YES	NO	N/A
There is written evidence of:			
a) analysis of the findings of the assessment			
b) objective analysis being undertaken correctly using validated assessment tools and sound reasoning			
c) the comparison of workplace measurements with worker measurements/ requirements/ perceptions if required			
d) solutions to address the identified issues are proposed solutions are based on ergonomic evidence or best practice guidelines			

Reporting	YES	NO	N/A
There is evidence of a clear report to the assessment commissioner that covers:			
a) An executive summary			
b) Background information outlining the reason and purpose of the assessment			
c) Work done during the assessment			
d) Organizational factors			
e) Key findings			
f) Analysis of findings			
g) Prioritised recommendations			
h) References			
i) Appendix of information collated and calculations			
j) Author of report and date of report			
k) The report is clear and concise			
l) The report in a logical sequence			
m) The sections are numbered			
n) The pages are identified as being part of the report			
o) The pages are numbered			
p) Appendices are numbered			
q) There is a contents sheet that lists contents accurately			
Recommendations	YES	NO	N/A
a) a clear and actionable proposed list of prioritised recommendations is put forward to address the issues identified in the assessment			
b) clear proposed time scales for implementation/review are specified unlikely to be possible			
c) detailed specification of any equipment recommended including / supplier/ product number/ cost			
d) identification of those who will deliver elements of the plan and communication with them regarding next steps			
Original assessment documentation	YES	NO	N/A
a) original assessment tools including workings are included in the record			
b) supportive evidence (photo's, videos) where used, are included in the record			
c) the records include details of all communications with relevant stakeholders			
Implementation	YES	NO	N/A
a) interventions that are under the control of the physiotherapist are implemented according to the plan and this is documented			

Total /50

Comments:

15. Assessment Marking Criteria

A pass mark is required in all elements in the single case study to achieve registered membership.

Notes supporting the case studies must comply with 70% of required audit criteria.

The ACPOHE assessment appeals procedure is available from the ACPOHE administrative Office.

16. Post Registration Information

When you renew your membership in the year after you have registered you will need to pay £75 which is the annual membership fee for a registered member. Please ensure you select the correct subscription rate when you renew your membership. If you have a standing order please ensure you change it to £75 per annum.

Once registered, ACPOHE expects you to undertake a minimum of 10 hours CPD annually in the specialist field of Occupational Health and Ergonomics. ACPOHE reserves the right to request that Registered Members produce evidence of their CPD activities.

You can use the ACPOHE competency framework to check that you are working at Level B or above in the domains and elements of domains relevant to your case studies. This can be found in the members zone, under competency framework.

17. The Benefits of Registered Membership

The main benefit of registered membership is recognition of your extended knowledge and skills in the specialist area of Occupational Health and Ergonomics. In addition:

- Your registered status is flagged on the Find a Physio area of the ACPOHE website
- You will be able to use the ACPOHE registered member badge and logo to indicate your registered status within ACPOHE and you will be issued with a certificate that confirms registered status
- You will be able to state that you are a registered member of ACPOHE.
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In addition you will be:

- Eligible for entry to the list of ACPOHE mentors who support full members wishing to work towards registered status
- Eligible to apply to be a tutor for ACPOHE courses

ACPOHE Professional Reference request

The Association of Chartered Physiotherapists in Occupational Health and Ergonomics has a register of members who meet ACPOHE's standards of training and experience.

The person detailed below has applied to be included on the register and has given your name as a professional referee.

Please can you complete Section A of this form and post it to:

ACPOHE administration
 C/O WorkSafe
 St Andrews Street South
 Bury St Edmunds
 Suffolk IP331QD

Name of OH Physiotherapist	
Job title	
Organisation	
Address	
Post code	

Section A	
Name of referee	
Position	
Organisation	
In what capacity do you know the applicant?	
How long have you known the applicant?	
Please comment on the applicant's work in Occupational Health and Ergonomics	
Signed	Date
Please add your organisations stamp include a letterhead or email signature	
Please note that the applicant may request to see this report. If you want the report to remain confidential then please put an X in this box	<input type="checkbox"/>

