



Application form for Membership of IFSPT

International Federation of Sports Physical Therapists
 Bente A S Andersen
 Chair, Membership Committee
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Contact information for your organisation	
Country	
Name of National Association of Physiotherapy	
Email address	
Name of Chairperson	
Name of National Organisation of Sports Physiotherapy:	
Postal address	
Telephone number	
Fax number	
Email address	
Website	
Name of Chairperson	
Name of contact person for IFSP	
Postal address of contact person for IFSP	
Telephone number	
Fax number	
Email address of contact person for IFSP:	

Supporting information about your organisation
1. For how long has your National Organisation in Sport Physiotherapy existed?
2. How many members do you have?
3. What are the criteria to become a member?
4. Do you charge money for this membership? (yes / no)
How much do you charge per year for this (in Euros)?
5. Is your Organisation recognised by your National Association of Physiotherapy as a Specific Interest Group? (yes / no)



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6. Is your Organisation recognised by your National Government and by other Organisations in Sports health care, or Universities?

If yes, by whom?

7. Is there a post-graduate course in Sports Physiotherapy in your country? (yes / no)

*If yes go to question 8
If no go to the bottom of this form*

8. How long does the post-graduate course take to complete?

Does it lead to an academic degree?

If yes, what degree does it lead to?

Where is the post-graduate course held? You may enter more than one university

University	Town

Is the study method part-time or full-time?

Does the post-graduate course include a practical training period? (yes / no)

If yes how many hours?

Do you need to have some years of working experience as a physiotherapist in general or in this area, before you can start the post-graduate course?

If yes, how many years in general?

And how many years in the area of Sports Physiotherapy?

I hereby authorise that the applying organisation has taken cognisance of the existing membership conditions and the procedure for paying membership fee.

Name of the president of the applying organisation:

Signature of the president of the applying organisation:



IFSPT

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Date of application: / /

FOR IFSPT USE ONLY:

Date of acceptance of membership

Signature of President of IFSPT