



Ghana Physiotherapy Association (GPA)

Membership Application FORM

Once you have completed this application form, please make a photocopy of it for your own records.
Failure to complete the form in full will result in your application being rejected.

Please complete this form in BLOCK LETTERS.

Checklist- please check to ensure you have enclosed the following items with your application.

1. A completed application form
2. Copy of academic or professional certificates
3. Copy of national ID
4. Proof of registration with a professional regulatory body in Ghana or abroad
5. Proof of payment of application fee
6. Two passport-sized photographs endorsed

DEMOGRAPHIC INFORMATION

First Name _____

Middle Name(s) _____

Last Name (Surname) _____

Postal Address _____

Phone Number (Office) _____ Mobile _____

E-mail _____

Sex Male Female Date of Birth (DD/MM/YY)

Marital Status Single Married Divorced

Place of Birth _____ Nationality _____

National ID: Type _____ Pin _____

CATEGORY OF MEMBERSHIP

Please tick one:

Physiotherapist

Physiotherapy Assistant/Technician

- | | |
|---|--|
| <input type="checkbox"/> Physiotherapy (Intern) [| <input type="checkbox"/> Physiotherapy Assistant/Technician (Intern) [|
|] |] |
| Physiotherapy (Student) [| Physiotherapy Assistant/Technician (Student) |
|] |] |
| Overseas member | <input type="checkbox"/> Temporal member |

Employer/Organization Name _____

Employer/Organization Phone number _____

EDUCATION

Name of your entry-level PT/PTA school/ institution _____

Qualification obtained (Please Tick)

- PhD DPT MPhil/MSc BSc/BPT Diploma/Certificate

Graduation Date (or Expected Graduation/ Completion Date) _____

Month Year

REFERENCES

Academic

Clinical

Name:.....

Name:.....

Signature:.....

Signature:.....

NB. For students, provide academic reference only.

ETHICS CODE/ STANDARDS PLEDGE

Please check the appropriate pledge and sign in the space provided.

As a Physiotherapist member, I pledge that I will comply with the Code of Ethics for the PT of the GPA.

As a Physiotherapist Assistant member, I pledge that I will comply with the Standards of Ethical Conduct for the PTA of the GPA.

As a Student member, I pledge that I will comply with the Standards of Ethical Conduct for the Students of the GPA.

Applicant's Signature _____ Date _____

OFFICIAL USE

Payment Method

[] Cheque Cheque No.: Amount:

[] Cash Amount:

Payment Modes

Payment must be made through the Bank. Details are as follows;

Bank: Consolidated Bank Ghana, Labone branch
Acc. Name: Ghana Physiotherapy Association
Acc. Number: **0282492100001**

Note: Payments can also be made through our Merchant Mobile Money Account
Name: Ghana Physiotherapy Association
Numbers: **+233 558 614204**

Registration fee paid _____ GHS

Dues paid _____ GHS

GRAND TOTAL _____ **GHS**

Received by: Date:

PIN Number: