* To be completed **in full** before a place can be reserved on any course

|  |  |  |
| --- | --- | --- |
| NAME |  | |
| COURSE DATE (please put a minimum of two dates) |  | |
| ADDRESS |  | |
| E-MAIL |  | |
| TEL |  | |
| CLUB |  | |
| POSITION AT CLUB |  | |
| DEGREE |  | |
| UNIVERSITY |  | |
| QUALIFICATIONS |  | |
| DATE OF HIGHEST QUALIFICATION |  | |
| HAVE YOU COMPLETED IMMOFP BEFORE? | Yes | No |
| If yes, please advise when current qualification lapsed |  | |
| Would you like to be o the RFL reserve list for club game day medical staff? | Yes | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DOCTOR** | | | | | | |
| GMC NUMBER | DEFENCE ORGANISATION | | MDU | MPS | | MDDUS |
| DEFENCE ORGANISION NUMBER |  | | | | | |
| Covered for Sports Medicine activity? | Yes | No | | | Don’t Know | |

|  |  |  |
| --- | --- | --- |
| **PHYSIO** | | |
| CSP NUMBER |  | |
| HPC NUMBER |  | |
| Do you have sports medicine insurance? | Yes | No |
| If yes please specify with whom |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADVANCED NURSE PRACTITIONER** | | | | | | |
| GMC NUMBER | DEFENCE ORGANISATION | | MDU | MPS | | MDDUS |
| DEFENCE ORGANISION NUMBER |  | | | | | |
| Covered for Sports Medicine activity? | Yes | No | | | Don’t Know | |

|  |  |  |
| --- | --- | --- |
| **SPORTS REHABILITATOR / SPORTS THERAPIST** | | |
| BASRAT NUMBER |  | |
| Do you have sports medicine insurance? | Yes | No |
| If yes please specify with whom |  | |

**PAYMENT**

For staff currently employed by an RL club payment (£500) will be made via a deduction from the clubs Central Distributions. Independent candidates must pay for the course in full (£700) via cheque or BACS 6 weeks prior to attending. We reserve the right to offer your place to another candidate if payment is not received within this time frame

**NOTES**

**Please enclose a passport sized photo along with your application form.**

**To undertake this course you must be a Chartered Physiotherapist with a degree in Physiotherapy. Please attach a copy of your physiotherapy degree certificate, HPC & CSP certificate.**

**Please inform us of any learning difficulties as you may be entitled to extra time in the written exam. Due to the strict IMMOFP timetable we must be notified beforehand of any disclosures. Disclosures made on the day of the course will not be accommodated.**

*Please note you have* ***3 months*** *from commencement of your first medical position in Rugby League to complete the course.*

*For all re-qualifications and for further roles within other clubs you have* ***+/- 2 months*** *from the time the current qualification lapses to complete the course again. THIS IS SUBJECT TO CHANGE.*

*The Course is open to medical staff qualified, as stated in the RFL Byelaws/Sports Medicine Standards*

*For examination protocols please refer to the Manual.*