

## Association of Social and Therapeutic Horticulture Practitioners. Membership Form

Name.....

Address.....

..... Postcode .....

Preferred telephone contact number .....  
(Home / work /mobile – please delete)

Email .....

Are you willing to allow the following information to be included in a database of members which will be available to all members in a password protected area of the website:

a) name and email? Yes / No

b) name and mobile phone number? Yes / No

It would be helpful to understand the make up of our membership and for planning new services if you could answer the following questions and then sign the form on page 2 please:

1. What is your interest in Social and Therapeutic Horticulture / Horticultural Therapy?

Practitioner – qualified in STH/HT		Practitioner – not qualified in STH/HT	
Director of organisation delivering STH services		Project Manager of organisation delivering STH services	
Carer / family member		Academic – teacher	
Academic – researcher		Student	
STH consultant		Other (please give details below)	

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2. If qualified, what qualification(s) in STH / HT do you hold and from where?

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3. Do you hold other relevant qualifications? Please tick all that apply

Occupational Therapist		Physiotherapist	
Social Worker		Nurse (RGN)	
Nurse (Mental Health)		Horticulturalist	
Teacher		Other (please give details)	

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4. What is the setting for your work? Please tick all that apply.

Project based		Hospital	
Secure Setting		Residential home	
Nursing Home		School based (residential)	
School based (day)		Peripatetic services	
Community project		Other (please give details)	

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5. What client groups do you work with? (Please tick all that apply and indicate your main client group with a double tick)

Learning difficulties		Mental health	
Physical disabilities		Sensory difficulties	
Alcohol and substance misuse		Rehabilitation (eg stroke)	
Offenders		Homeless	
Ex-services		Special Educational Needs	
Older people		Dementia	
Children		Other (please specify below)	

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Thank you for completing these questions.

**I wish to join as a Founder Member (£50) / Member (£10) (please delete as appropriate).** (If a Founder Member we suggest you set up a SO for £10 and forward a cheque or BACS for £40 [reference "mem" plus your initials please])

We regret we are unable to process Direct Debits but would ask that you set up a standing order as this will reduce administration for the Association.

**Suggested options – please delete as appropriate**

**Option 1: I have set up a standing order electronically (Account ASTHP; Sort Code 08-92-99; Account No 65517347; reference "mem" plus your initials;).** Please email this form to [Ange.fordham@yahoo.co.uk](mailto:Ange.fordham@yahoo.co.uk). Your name on the signature line below will be accepted as your electronic signature.

**Option 2: I enclose a completed standing order form. Please return both forms to:** Angela Fordham, Treasurer, Association of Social and Therapeutic Horticulture Practitioners, c/o Greenshoots, Manor Farm, Peppard Common, Henley on Thames, Oxfordshire, RG9 5LB

**Signed .....** **Date .....**