

**POGP COPYRIGHT PERMISSION FORM**

**Your details**

Name: Click or tap here to enter text.

CSP/POGP Membership No. Click or tap here to enter text.

Job title: Click or tap here to enter text.

Preferred Contact details: Click or tap here to enter text.

**Request details**

1. Date of request: Click or tap to enter a date.
2. Date required: Click or tap to enter a date.
3. I request your permission to include the following in the work referred to above (please provide name of POGP resource, page number, page position and name of image where available):

Click or tap here to enter text.

1. Proposed publication for the requested material and its audience:

Click or tap here to enter text.

1. Use of material: Choose an item.
2. Format of material: Choose an item.
3. If you have replied ‘Other’ to the use or format of the requested material, please provide further information:

Click or tap here to enter text.

**Agreement by applicant**

By signing this form, I confirm that if permission is granted I will comply with the conditions stated in the POGP Copyright Guidance document.



**FOR OFFICE USE ONLY:**

**POGP approval**

I, Click or tap here to enter text., Chair of POGP, and with permission from the artist (if applicable) hereby grant permission for the use of the material requested above.

Publishing Rights Holder: Pelvic Obstetric and Gynaecological Physiotherapy



*Ref:* POGP Copyright Policy June 2025