



**Australian Bobath Neurodevelopmental Therapy Association**

**APPLICATION FORM (Please Circle):  
Refresher / Early Assessment & Intervention for Babies /  
Advanced Movement Analysis & Treatment Skills**

***Personal Details***

First Name.....Surname.....

Home Address:.....

Home Telephone No. ....Mobile .....

Fax .....email .....

***Place of Work:***.....

Work Address .....

Work Telephone No. .... Fax.....

***(Correspondence will be by specified email unless indicated otherwise)***

Degree (s):.....

***Employment (please attach *brief* curriculum vitae)***

Current employer:.....

Hours of direct therapy with children with: cerebral palsy.....

: developmental disabilities?:.....

Previous experience in this area?.....

Percentage of children with cerebral palsy in the following age ranges:

0-5.....5-10.....10-15.....15+.....



***Professional development:***

**Have you attended any Bobath/ NDT courses previously? Please give details:**

<b>Date</b>	<b>Course</b>	<b>Instructor/s</b>

**Is another team member from your workplace Bobath / NDT trained or applying?**

**Yes (name and discipline)\_\_\_\_\_ No\_\_\_\_\_**

***Outline your reasons for attending this course.***



Australian Bobath  
Neuro-Developmental  
Therapy Association (Inc.)  
AC0282649

***Outline how you plan to apply the skills and knowledge learnt to your clinical practice.***