



Australian Bobath Neurodevelopmental Therapy Association

**APPLICATION FORM:
NDT/Bobath Advanced Speech Course
Brisbane 27/01/10 – 31/01/10**

Personal Details

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

Home Address:.....

Home Telephone No.Mobile

Email

Place of Work:.....

Work Address

Work Telephone No. Email.....

Degree (s):.....

(Correspondence will be by specified email unless indicated otherwise)

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:

Please give details of NDT/Bobath Courses previously attended (Note you need to have completed a Basic Course (6 – 8 weeks) to be eligible for this course:

Date	Course	Instructor/s

Outline your reasons for attending this course and how you plan to apply the knowledge & skills acquired into your clinical practice.



Payment Details (Please tick. Note **current membership is required** for course insurance purposes):

\$1400.00

OR

\$1455.00 (includes membership)

Payment Options: (*Please tick your preferred option. Note we do not have credit card facilities*)

Cheque

Bank Transfer

Invoice required for Employer

Bank Transfer Details: BSB No: 013377 Account No: 100349576

Please forward a print out of payment details, with name & course details (**eg kcaynes+Ronaadvrego**)

Please Note:

- ✚ Registrations close on **Monday 4th January 2010.**
- ✚ All participants are required to be **current members of ABNDTA due to insurance requirements.**
- ✚ Places on the course will be allocated upon receipt of applications, and will be confirmed **upon receipt of full payment.**
- ✚ ABNDTA retains the right to cancel the course if sufficient registrations are not received by **Monday 4th January 2010.**
- ✚ Full refunds will be provided if the course is cancelled by ABNDTA.
- ✚ Full refunds will only be provided to participants who withdraw if another person is able to take your place.

Please forward this form to:

**ABNDTA
PO Box 2240
New Farm Qld 4005**