

ABNDTA BOBATH/NDT REFRESHER Course

Perth September 9th -14th 2010 (5 days)

Application Form



Australian Bobath
Neuro-Developmental
Therapy Association (Inc.)
AB0280649

Name: _____

Address: _____

Phone _____ mobs: _____

Email address: _____

(Correspondence will be by email unless otherwise specified)

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 developmental disabilities in the following age ranges
0-1 _____ 1-5 _____ School-aged

Professional development:

Year /venue Bobath /NDT training? _____

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

Is another team member from your workplace Bobath / NDT trained or applying for this course? If yes, name and discipline _____

Are you registered and insured to practice in Australia? Yes/ No

Applications and full payment (\$1500.00 including GST and membership) are due by July 30th 2010

Please complete this form and return it together with payment to:

Katy Caynes
Continuing Education Convener
ABNDTA
P.O. Box 2240
New Farm Qld 4005