

Registration Form

***Five Days' course on "Hands-on workshop on
WHO GUIDELINES ON ASSESSMENT AND PRESCRIPTION OF WHEELCHAIRS FOR
PERSONS WITH ORTHOPAEDIC AND NEUROLOGICAL CONDITIONS"***

WHO WSTP – BASIC LEVEL

Venue: MOBILITY INDIA, 1st & 1st "A" Cross, J.P.Nagar 2nd Phase, Bangalore 560078.

Workshop dates: 17th June to 21st June, 2019

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
Full Name (Capital letter)				
Name for the Certificate (Capital letter)				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Course & Year (if student):				
College Name and Address(if student):				
Professional Qualification:				
Occupation: No. of years of Experience:				
Organisation/Type of Hospital	GOVT. <input type="checkbox"/>	NGO <input type="checkbox"/>	CORPORATE <input type="checkbox"/>	
	FAITH BASED <input type="checkbox"/>	COMMUNITY BASED <input type="checkbox"/>		
Organisation/ Name of Hospital				
Address				
Telephone number	Mobile:		Work:	
Email address	Personal			
	Official			
Website	www.			

<p>Are you currently involved in wheelchair service and training delivery?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>How would you rate your experience in wheelchair service delivery?</p>	<p>No experience <input type="checkbox"/></p> <p>Some limited experience <input type="checkbox"/></p> <p>Very experienced <input type="checkbox"/></p>	<p><i>Comments:</i></p>
<p>Write the reasons for attending this course and your future plans in related to Wheelchair service provision</p>		
<p>If you have a disability please let us know if you require any special assistance</p>		
<p>Any comments/additional information?</p>		

- Thank you for completing this registration form.
- Please send us the duly filled in registration form to academicdept@mobility-india.org at the earliest.