

Registration Form

Five Days' course on "Hands-on workshop on SEATING & MOBILITY SOLUTIONS"

WHO WSTP-Intermediate

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

Workshop dates: 24th June to 28th 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>Have you attended any previous wheelchair training courses? Please select the course and mention the date.</p>	<p> <input type="checkbox"/> WSTP Basic <input type="checkbox"/> WSTP Intermediate <input type="checkbox"/> Other <input type="checkbox"/> WSTP HYBRID Date of course: </p>
<p>Have you passed WSTP-Basic online test? If yes please state the competency assessment date and score.</p>	<p> YES <input type="checkbox"/> NO <input type="checkbox"/> Competency Assessment Completion Date: Competency Assessment Score: </p>
<p>Are you currently involved in wheelchair service and/or training delivery?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></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.