

Employer Declaration

Wheeled Mobility & Postural Management Level 1

APPLICANTS DETAILS

Full Name	<i>Auto populates</i>
Accreditation Number	<i>Auto populates</i>
Organisation	<i>Auto populates</i>
Email Address	<i>Auto populates</i>
Phone Number	<i>Auto populates</i>

YOUR DETAILS

Full Name	<i>Auto populates</i>
Accreditation Number	<i>Auto populates</i>
Organisation	<i>Auto populates</i>
Email Address	<i>Auto populates</i>
Phone Number	<i>Auto populates</i>

DECLARATION QUESTIONS

1.	I confirm that the applicant has successfully completed the Seating To Go - 2 day - Level 1 - Non-Complex Wheeled Mobility & Postural Management workshop?
2.	I confirm the applicant has completed the Wheeled Mobility & Postural Management Level 1 Task Sheet and I have signed off the tasks.
	<input type="checkbox"/> I verify that this information is correct <input type="checkbox"/> I cannot verify this application