

# Employer Declaration

## Wheeled Mobility & Postural Management - Lying

### 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

<b>1.</b>	I confirm that the applicant has successfully completed the Seating To Go - 2 day - Lying workshop?
	<input type="button" value="I verify that this information is correct"/> <input type="button" value="I cannot verify this application"/>