**‘AN INTRODUCTION TO THE BOBATH CONCEPT’**

**DELEGATE APPLICATION FORM 2022**

Please complete a separate form for each applicant. Completed forms should be sent along with a cheque or invoicing details to: Holly Vestaskew, Physiotherapy Department (F1), Royal United Hospital, Bath, BA1 3NG. [holly.vestaskew@nhs.net](mailto:holly.vestaskew@nhs.net)

|  |  |  |  |
| --- | --- | --- | --- |
| **Module I** | Human Movement Analysis as a Basis of Clinical Intervention | 7th & 8th May | Day 1: 0845 - 1615  Day 2: 0900 - 1300 |
| **Module ll** | The Integration of Postural Control and Selective Movement for Functional Activities (Part A) | 18th & 19th June | Day 1: 0845 - 1615  Day 2: 0900 - 1300 |
| **Module lll** | The Integration of Postural Control and Selective Movement for Functional Activities (Part B) | 16th & 17th July | Day 1: 0845 - 1615  Day 2: 0900 - 1300 |

**Course tutor:** Sue Armstrong

**Venue:** The Brownsword Therapies Centre, Zone F, Royal United Hospital, Combe Park, Bath, BA1 3NG

**Course fees:** £250 per Module or £700 for all three Modules.

The fee includes lunch on Day 2 and refreshments throughout.

**Closing date:** Module I: 8th April 2022

Module II: 13th May 2022

Module III: 17th June 2022

**Cancellations:** We regret that we will be unable to refund any cancellations made after the closing date and that refunds for failure to attend the course cannot be made.

|  |  |  |
| --- | --- | --- |
| **I would like to reserve a place on (please tick as applicable):**  X  Module I Module II Module III All three Modules: | | |
| **Title:** | **First name:** | **Surname:** |
| **Email:** | **Phone:** | **Mobile:** |
| **Job title:** | **Full Name of NHS Trust, CCG or other Organisation:** | **Organisation address:** |
| **Emergency contact (name and telephone number):** | | |
| **Any special dietary requirements? If so, please specify:** | | |
| **PAYMENT DETAILS: Please complete as applicable**   1. **My organisation is funding my place for Module …** (please complete the following details):   Full name of NHS Trust or organisation:  Invoice to be raised for the attention of:   1. **If you wish to self-fund and pay via by BACS**, please contact Holly Vestaskew ([holly.vestaskew@nhs.net](mailto:holly.vestaskew@nhs.net)) for BACS payment details. | | |