

Employer Declaration

Wheeled Mobility & Postural Management - Level 2

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 2 - Complex Seating workshop?
2.	I confirm that the applicant has successfully completed the Seating To Go - 1 day - Level 2 - Specialised manual wheelchairs workshop?
3.	I confirm the applicant has successfully completed the Seating To Go - 2 day - Level 2 - Powered Mobility workshop?
4.	I confirm the applicant has completed the Wheeled Mobility & Postural Management Level 2 Task Sheet and I have signed off the tasks?
5.	I confirm that I have reviewed the case study being submitted to the review panel?
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">I verify that this information is correct</div> <div style="border: 1px solid black; padding: 2px;">I cannot verify this application</div> </div>