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| **Prosthetic Prescribers - eligibility form** | | |
| Name and title: | | |
| Current Position/Role: | | |
| Organisation:  Postal Address: | | |
| Telephone: | | Mobile: |
| Email: | | Preferred contact method |
| **AHPRA registration number:**  **AFRM fellow:** Yes *Please attach evidence of fellowship and participation in CPD program*  No *Please provide details of professional affiliations and evidence of training & experience in rehabilitation management of limb amputees (attached separate sheet if required):* | | |
| **Completion of AFRM Prosthetics courses:** | | |
| Lower Limb Prosthetics | Yes *Please attach evidence of completion*  No | |
| Upper Limb Prosthetics | Yes *Please attach evidence of completion*  No*Please advise when you intend to complete this course:* | |
| **APPLICANT SIGNATURE:** | | Date: |
| **Referee contact details *(attach written references if preferred)*** | | |
| Name:  Position/Role:  Contact details: | | Name:  Position/Role:  Contact details: |

**If you require assistance to complete this form please contact EnableNSW**