|  |
| --- |
| **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**