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 **REGISTRATION FORM**

**Workshop** for which you require an invoice/ wish to register and pay (tick one or both):

…….. Upper limb retraining workshop, Hutt Hospital, NZ (17-19 Nov 2023)

…….. Lower limb retraining workshop, Hutt Hospital, NZ (1-3 Dec 2023)

**Fee to be paid:** Per therapist (inclusive of pre-reading, manual and catering x 3 days – tick one):

…… $914 NZD - Employee of Wellington/Lower Hutt DHB

…… $937 NZD - External registrant

**Invoice Information:**

Organisation/ trust/health board /Individual that will pay the StrokeEd invoice:

Address: ……………………………………………………………………………………………………………

Contact person: ………………………………………………………………………………………………..

Contact email address: ……………………………………………………………………………………..

*NB: An invoice will be emailed to the contact person, with StrokeEd (Australian) bank details. An international bank transfer will be required to secure a place.*

**Registrant 1:**

*(Cut and paste the information below if registering / requesting an invoice for multiple therapists)*

Full name: .............................................................................................................................

Email address: ………………………………………………………………………………………………………………….

Name of Employer / workplace: ............................................................................................

Profession: .............................................................................................................................

**Work setting**:

…… Public health …… Private health ……. Both .…… Other

**Caseload:** ….. Inpatient ….. Outpatient/ambulatory care ….. Community/ home based rehabilitation

 …. Other ………………………

**Professional Registration**is mandatory for the clinical sessions:

……. I confirm that this registrant is a New Zealand registered occupational therapist / physiotherapist (please tick) and holds a current APC.

**Vaccination** for COVID-19 is mandatory to enter the health facility and attend the workshop:

….. I confirm that this registrants has had at least two COVID-19 vaccinations (in line with DHB guidelines)

**Dietary** requirements (optional/ if known): ………………………………………………………………………………

**Workshop manual:**Each therapist will be provided with a paper and electronic copy of the manual. Does this registrant want a paper copy of the manual? (There will be no difference in the registration fee)

….. Yes, please provide a paper copy of the manual

….. No paper manual required

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**Contact person for enquiries**: Annie McCluskey (dranniemccluskey@gmail.com)

**Cancellation policy**

Refunds (less administration /booking fee) will be made for cancellations received in writing no later than 14 days prior to the event. No refunds will be made for cancellations received less than 7 days prior to the event unless a replacement therapist on the waiting list can pay the required fee before the event starts.

StrokeEd accepts no liability for costs incurred by delegates for travel or accommodation in the event of postponement /cancellation by StrokeEd or the host site.

* *Please email the completed form(s) to****info@strokeed.com*** -