

## 2024 Application Form

**Advance Course: Movement Matters!**  
**Understanding the link between NDT and Moving Surfaces**  
*In the treatment of children with cerebral palsy*

### PERSONAL INFORMATION

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Work number: \_\_\_\_\_ Cellphone nr: \_\_\_\_\_

Are you a member of SANDTA? ☐ YES ☐ NO Membership number: \_\_\_\_\_

**Cost: Sandta Members R4 000-00 Non-members SA, Africa and International Participants: R4 500-00**

### CURRENT EMPLOYMENT

Institution / Hospital: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

CP case load: \_\_\_\_\_

Profession: ☐ PT ☐ OT ☐ SLT ☐ \*HPCSA Registration nr: \_\_\_\_\_

\*If not working in RSA, name of the country where you are registered and registration nr: \_\_\_\_\_

International Applicants: Proof or Registration with Professional Council/Qualification Certificate attached ☐

Your name as you want it printed on the certificate: (Please print clearly) \_\_\_\_\_

**PLEASE indicate when you completed the 8-week Basic NDT/Bobath Course and who the Course Leader was.**

| BASIC COURSE VENUE (Country & city) | DATES OF COURSE | COURSE LEADER (PT) |
|-------------------------------------|-----------------|--------------------|
|                                     |                 |                    |

Send the completed form to: [sandta@internext.co.za](mailto:sandta@internext.co.za)

*Thank you for your application!*