

Application Form for Hand Therapists to be listed as Educators on a Register held by IFSHT

Name of Applicant:

Country of Membership:

**Contact details;
Mailing Address:**

Email Address

Area of Expertise (Topics to be taught)

- Tendons
- Overuse Syndromes
- CRPS
- Chronic Pain
- Fractures
- Nerve Injuries
- Multiple Trauma
- Splinting
- Physical Agent Modalities for the Upper Extremity
- Special Treatment Techniques for the Upper Extremity
(Please specify _____)
- Other please specify

A brief résumé of Qualifications/Experience in Lecturing: (i.e. Academic Lecturing, Continuing Education teaching) Specify: Nationally/Internationally /Locally

Main Language Spoken

Any other languages: (At a teaching standard).

Please indicate parts of the world where the applicant would be prepared to teach e.g.

- Scandinavia
- North America

- South America
- Far east / Asia
- Africa
- Europe
- Australia
- Middle East
- South Pacific
- Russia

Please indicate whether

- I am able to pay/find my own funding for my transportation costs.
- I would require reimbursement for transportation costs.

I wish to be considered as an Educator to be listed on the IFSHT website.

Signature of Applicant

Date

Verification by Secretary of supporting Country Hand Therapy Society

Signature

Country

Date

OR

Verification by colleague or employer

Signature

Name, address, relationship to applicant, e-mail address

Date

Please return this form to:

Annette Leveridge, Chair of Education Committee.

E-mail address: Leveridge@btinternet.com

Postal Address: Woodcote House, 7 The Grove, Chipperfield, Kings Langley, Herts, WD4 9JF. England.