

**Nomination form for the development of protocols of rehabilitation care in Vietnam (Handicap International)**

**Deadline for submission: 1st December 2016**

**Responses to be returned to** [**admin@wfot.org**](mailto:admin@wfot.org)

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| **Name of Member Organisation submitting this nomination:** |  |
| **Name of Nominee:** |  |
| **Title of nominee**:  (Dr/Mr/Mrs/Ms/Prof/Rev/Other) |  |
| **Country of Residence/Location of nominee:** |  |
| **Email address of nominee:** |  |
| **Area of speciality of nominee** *(please select or highlight those that apply)* | Stroke  Traumatic Brain Injury  Cerebral Palsy  Spina bifida/hydrocephalus |
| **Is the nominee an individual expert or representing an institution e.g. University?** *(please select or highlight those that apply)* | Individual Expert  Institution  If an institution, please state the name: |