

Part A About you

Please answer all questions that relate to you

Your name	
Organisation	
Telephone	
Email	
Speciality e.g. Diagnostic, Therapeutic, Education, Manager etc	

and finally ...

Do you feel there are any other links to publications that would be helpful? If so, please include full electronic reference below.	YES / NO* * Delete as applicable

Are there any other comments you wish to make?	YES / NO* * Delete as applicable
If 'Yes', please briefly describe the areas of activity which appear to be missing:	

Thank you for taking the time to complete this questionnaire