



HAND THERAPY NEW ZEALAND

Ringaromi Aotearoa

CASE STUDY COVER SHEET

NAME.....

ADDRESS.....

.....

PHONE/FAX.....

E-MAIL.....

SUPERVISOR NAME.....

ADDRESS.....

.....

PHONE/FAX.....

E-MAIL.....

SIGNED BY SUPERVISOR.....

(case study, in my opinion, has been checked and met the guidelines – Yes / No)

Please email your case study to admin@handtherapy.org.nz

The fee payment of \$500 can be paid directly to:

Account Name: Hand Therapy NZ

Account Number: 030173 0348961 000

Please use your name and “case study” as a reference.

If you wish your case study to be returned to you after marking, please advise.