REQUEST FOR ERGONOMIC SERVICES



-	this form and sect information be	Date:				′			
Client Details: Kept strictly confider	ntial)								
Name:				Company Name:					
Address:				Phone:					
Suburb:				Fax:					
itate:		Post Code:		E-mail:					
Main Contact De	tails:								
lf applicable) Name:									
hone:									
Please select one	e or more of the f	ollowing services	that we provide:						
Basic Workstation Seating Assessment This is an analysis of an individual's chair & sitting position, which also addresses critical factors in workstation setup, including desktop and equipment layout. This assessment, carried out by our trained Seating Specialists, is provided for individual employees in their work environment. We can also provide workstation seating check-ups following a relocation or new					Number of Required Assessments: Preferred Assessment Date: Trial Chairs Required:	Yes		/ No	
fit-out.	ded free with the purc	mai cians required.							
Advanced Workstation Assessment These assessments are designed specifically for employees who have an existing condition, prior injury or displaying work-related symptoms, and the impact on them in the workplace and their ability to undertake normal work duties. This assessment will be carried out by an independant ergonomic specialist. Please complete this form and send to your nearest Bad Backs Corporate Seating Specialist for a quotation.					Number of Required Assessments: Preferred Assessment Date: Trial Chairs Required:	Yes	/	/ No	
Ergonomic Trai	ning				1				
One of our highly experienced affiliated ergonomists/physiotherapists can provide training on workstatic ergonomics to serve the needs of your business. Whether it be a cost effective training tool for your staff reducing the need for individual assessment or advanced 'train-the-trainer' type scenarios the Bad Backs team can provide a 'tailored' program to suit your training requirements. Please call us to discuss your need training. Due to it's participative nature ergonomic training sessions are limited to 10 staff/session. Please complete this form and send to your nearest Ergonomic Seating Specialist for a quotation.					Number of Participants: Preferred Training Date:				
Please complete thi	is form and send to yo	ur nearest Ergonomic S	seating Specialist for a	quotation.	1				
Additional Comments	S:								

Your Nearest Ergonomic Seating Specialist:

Sydney

P 02 8014 5696 F 03 9020 2092 A 390 Pacific Hwy CROWS NEST NSW 2065 E corporate.syd@badbacks.com.au

Melbourne

P 03 9020 2095 F 03 9020 2092 A 79 Overseas Drive NOBLE PARK VIC 3174 E corporate.mel@badbacks.com.au

Pertl

P 08 9386 7788 F 08 9467 0551 A 1/174 Stirling Hwy NEDLANDS WA 6009 E corporate.perth@badbacks.com.au