

Vehicle Wheelchair Clamping and Tail-lift  
Operation  
Peer Group Refresher Session



Location: \_\_\_\_\_ Date: \_\_\_\_\_

Session Co-ordinator: \_\_\_\_\_

Attendees:

Name (block capitals)	Signature

Elements discussed/practiced:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record of Session:

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Signed: \_\_\_\_\_

Session Co-ordinator