

Lymphoedema Practitioners Education Group Victoria – LPEGV

(LPEGV Membership year is from May 1st to April 30th)

Name:..... New application - Year _____

Type of membership being applied Full Associate Corporations/ Institution

Full membership requires a:

- primary qualification in an Allied Health or RN (Div 1) - (with current registration)
- completion of a Level 1 lymphoedema training course recognized by LPEGV and in line with ALA training guidelines

Postal address:.....

.....Postcode.....

Preferred email address for LPEGV:.....phone contact for LPEGV:.....

Declaration:

I.....wish to become a professional member of the Lymphoedema Practitioners Education Group of Victoria Incorporated. In the event of my admission as a professional member, I agree to be bound by the rules of the Association for the time being in force (Rules of the Association available on LPEGV Website). The information I have provided is correct.

Signature..... Date.....

Service Information:

Shared information: If you **do not** wish to have your practice details provided to other organizations (e.g. Lymphoedema Association, Cancer Council), please sign here:

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Practice details:

1. Practice

Address.....

.....P/C.....

Ph:

Fax:

Mobile:

Email:

2. Practice

Address.....

.....P/C.....

Ph:

Fax:

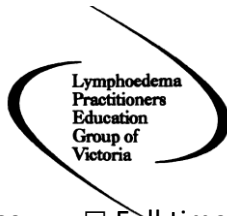
Mobile:

Email:

*If you have more than 2 addresses for practitioners list please use an additional sheet of paper

Service Information

Occupation: OT RN1 PT Other (Please state).....



Hours in Lymphoedema Practice Full time Part time

How is your service funded? Public Private

Number of new patients you have treated each year 0-5 5-10 10-20 >20

Do you work with other lymphoedema practitioners? Yes No

Referral procedure Medical Allied Health Family/self

Aspects of Complex Decongestive Therapy offered

- Education (individual, groups) Exercise advice/groups Home visits
- Compression garment prescription Bandaging Hydrotherapy
- MLD Other

Additional Service Information

(E.g. access to multidisciplinary team/other related services)

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- I would like to be on the committee.
- I would be willing to write an article for the newsletter
- I would like to receive the newsletter via email

Attach to this completed form:

- A copy of Evidence of Lymphoedema Training**
- PT- copy of current registration** **OT- copy of professional association**
- RN Div 1 and 2 – copy of current registration and public indemnity insurance if working privately**
- Massage therapists – a copy of professional association and public indemnity insurance**
- Cheque or money order for \$55 including GST or**
- Direct Debit to The Lymphoedema Practitioners Education Group of Victoria Incorporated BSB 033-058 ACC 89-2233 Quote your name as payer plus paying entity if different e.g. business name (payable to Lymphoedema Practitioners Education Group of Victoria)**

Post to: Membership Secretary, PO Box 5291, Middle Park 3206