

# **Lymphoedema Practitioners' Education Group of Victoria**

(Note: LPEGV Membership year is from 1<sup>st</sup> May 2016 to 30<sup>th</sup> April 2017)



**Application date:** \_\_\_ / \_\_\_ / \_\_\_\_\_  First application  Renewing

**Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Preferred phone contact:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Occupation:**  Massage therapist  Occupational Therapist  Physiotherapist  
 Registered Nurse (Div 1)  Other (please state): \_\_\_\_\_

**Are you a current NLPR member:**  Yes  No NLPR number: \_\_\_\_\_

## **Lymphoedema Practitioners Education Group of Victoria Membership Criteria (2013):**

Membership is open to qualified health professionals who are registered with their relevant professional body and who have completed a lymphoedema management course which is recognised by the Australasian Lymphology Association's National Lymphoedema Practitioner Register. To view a copy of the current Rules of Association, go to [www.lpegv.org.au](http://www.lpegv.org.au)

For information about lymphoedema management courses recognised by the ALA go to: [http://www.lymphoedema.org.au/ALA/About\\_The\\_Register/Lymphoedema\\_Training\\_Courses/ALA/About\\_the\\_Register/Training\\_Courses.aspx?hkey=154cf760-ea39-4eb5-a1fe-6fe85bf97178](http://www.lymphoedema.org.au/ALA/About_The_Register/Lymphoedema_Training_Courses/ALA/About_the_Register/Training_Courses.aspx?hkey=154cf760-ea39-4eb5-a1fe-6fe85bf97178)

## **Declaration:**

I \_\_\_\_\_ wish to become a member of the Lymphoedema Practitioners Education Group of Victoria Incorporated. As a member, I agree to be bound by the rules of the association for the time being in force (Rules of association available on LPEGV website [www.lpegv.org.au](http://www.lpegv.org.au))

**Signature:** \_\_\_\_\_

I agree to have my practice details circulated to members of LPEGV  
Yes No

**Signature:** \_\_\_\_\_

- I would like to be on the LPEGV committee  
 I would be willing to write an article for the newsletter

**Practice information to be included on LPEGV practitioner list**

Practice name/Address 1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Practice name/Address 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment (initial/renewing): \$55.00 (inc GST):**

Cheque or money order (payable to Lymphoedema Practitioners Education Group of Victoria Inc)

OR

Direct Deposit to The Lymphoedema Practitioners Education Group of Victoria Incorporated BSB 033-058 ACC 89-2233. Please **quote your name as** payer plus paying entity (eg. business name) if different. Fax or mail completed forms with payment details.

Please complete all details with payment, attached paperwork listed below and return via fax, post or email.

Mail to: Membership Secretary  
Lymphoedema Practitioners Education Group of Victoria  
PO Box 667  
Traralgon VIC 3844

Fax: 03 5174 6863

Scan and email: [members@lpegv.org.au](mailto:members@lpegv.org.au)

**The following paperwork must be included with membership application/renewal:**

**1. New member**

- A copy of evidence of Lymphoedema Training course
- A copy of current NLPR certificate

If you are NOT an NLPR member you must provide:

- PT, OT, RN Div 1: Copy of current AHPRA registration
- Massage therapists: Copy of current professional association membership

**2. Renewing member who is an NLPR member**

- Evidence of current NLPR membership

*Note: If you do not renew your NLPR membership in any given year, you must notify LPEGV within 14 days and provide the additional documents as listed below.*

**3. Renewing member who is not an NLPR member**

- PT, OT, RN Div 1: Copy of current AHPRA registration
- Massage therapists: Copy of current professional association membership