

MGF Register of Medical Grade Footwear Practitioners

APPLICATION FOR CERTIFIED MEDICAL GRADE FOOTWEAR PRACTITIONER

WHEN COMPLETING THIS APPLICATION:

1. Please ensure all requirements of the attached checklist are completed for this application. This includes:

- \$AUD 220 non-refundable application fee. On certification an annual fee of \$264 will be invoiced. Both these amounts include GST
- Details of work experience with verification signatures from your application sponsor/s
- Copies of qualifications, professional memberships and training certificates
- Complete Curriculum Vitae (CV)
- Summary addressing key areas of competence for applicants (see Section 7 of this form)
- Objective evidence to support nominated scope of registration (see Section 8 of this form)

2. This form must be completed, however, additional information supporting the application should be enclosed.

3. Complete all sections of this form (1 to 9). Sections 3, 4, 5 and 6 may be omitted if all details are included in your CV.

1. PERSONAL INFORMATION

SURNAME (OR FAMILY NAME) _____ FIRST NAME _____

INITIAL _____ DATE OF BIRTH _____

BUSINESS NAME AND ADDRESS

PRIVATE ADDRESS

TEL: _____ FAX: _____

TEL: _____ FAX: _____

EMAIL _____

EMAIL _____

2. DECLARATION BY APPLICANT

I apply for registration as a Certified Medical Grade Footwear Practitioner and agree to the publication of my name, contact and registration details in the Register. I confirm that:

- I will observe the Code of Conduct (see the Criteria for Certified Medical Grade Footwear Practitioners Section 2)
- Complaints regarding my performance will be dealt in a manner to prevent recurrence
- I have not been convicted of any criminal offence
- Information provided on this application is correct to the best of my knowledge.

Signature of Applicant : _____

Date: _____



MGF Register
PO Box 5144
Prestons NSW 2170

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3 EDUCATION AND TRAINING COURSES

- enclose copies of certificate/s
- for further information regarding these requirements, please see the Criteria for Certified Medical Grade Footwear Practitioners

<i>Year</i>	<i>Study Period</i>	<i>Award</i>	<i>Course/Subjects</i>	<i>Educational Establishment</i>

4 CERTIFICATION TRAINING COURSE

- enclose copies of certificate/s
- for further information regarding these requirements, please see the Criteria for Medical Grade Footwear Practitioners Section 3.1

<i>Date completed</i>	<i>Course length (hours)</i>	<i>Organisation Conducting the Course</i>	<i>Examination Results</i>

5 DETAILS OF PRESENT WORK POSITION

NAME OF EMPLOYER _____

TITLE OF YOUR POSITION _____

DATE APPOINTED _____

SUPERVISOR NAME (IF APPLICABLE) _____

DESCRIBE YOUR RESPONSIBILITIES IN DETAIL

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6 WORK EXPERIENCE

A detailed Curriculum Vitae, which has been signed for verification by your application sponsor, should also be enclosed.

- Please start with your most recent position and work backwards
- Applicant should show a minimum of 3 years relevant work experience – for further information check the Criteria for Medical Grade Footwear Practitioners Section 3.3
- This experience log required a verification signature from your employer or the sponsor for this application. Only one person needs to verify all work experience.

From Month/Year	To Month/Year	Employing Organisation Include name, phone and fax numbers of supervisor or manager	Position	Responsibilities	Sponsor Verification (Sign and Print name)

Please copy this page if additional space is required

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7. SUMMARY OF KEY COMPETENCIES FOR APPLICANTS

Please attach a summary detailing your current level of understanding and experience in each of the key areas of competence listed in section 3.4 of the Criteria for Certified Medical Grade Footwear Practitioners.

8. LEVEL OF REGISTRATION

Certified Medical Grade Footwear Practitioners are listed on the Register according to their specialised skills and knowledge. Please indicate at which level you wish to be registered.

- Level 1 The Retailer of MGF and ready made Orthotic appliances, including assessment, follow up and minor modification of existing footwear (modifications and repair on the footwear that does not alter the principal function or construction of the footwear)
- Level 2 The Provider of MGF services including assessment, follow up and the major alteration, repair of existing footwear appliances and the provision of Orthotic services off-the-shelf or custom made.
- Level 3 The Practitioner of Medical Grade Footwear: MGFPrac the special professional member actively engaged in the clinical practice of assessing and treating and providing information based services on all aspects in Medical Grade Footwear both custom and prefabricated and Appliances and Orthoses specific to the Foot/ankle in all their forms and procedures including Assessing, Manufacturing, Dispensing, Modifying, Repairing and other significant aspects such as research and development

9. APPLICATION SPONSORS

Each applicant shall be sponsored either by his or her employer or by another person with whom they have a business relationship. There are special requirements for verifying work experience.

Sponsors are responsible for providing independent verification of the information contained in this Application. In doing so sponsors are requested to

1. Ensure that the information contained in the application detailing the work experience of the applicant is complete.
2. Only sponsor an applicant where information can be verified from personal knowledge or where original objective evidence has been sighted.

SPONSOR

FULL NAME _____

POSITION _____

RELATIONSHIP TO APPLICANT _____

BUSINESS ADDRESS _____

TEL (B) _____

FAX _____

SIGNATURE _____

DATE _____



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