



## Membership(Renewal)Application Form

	Information in this box will be used by the office only
<b>Membership ID:</b>	
<b>Name:</b>	
<b>Date of Birth :</b>	
<b>Home Address:</b>	
<b>Mobile:</b>	
<b>Home Tel:</b>	
<b>Work:</b>	
<b>Private Email:</b>	
<b>Garda vetting</b>	<b>YES / NO      Date :</b>

PLEASE TICK THE TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING

TYPE	REQUIREMENTS	FEE
<b>FULL ACTIVE</b>	<ul style="list-style-type: none"> <li>A therapist holding current qualifications for Manual Lymph Drainage (MLD) to treat pathologies including lymphoedema</li> <li>completed at least 135 hours of lymphedema therapy training (Dr Vodder, Leduc, Földi, Casley-Smith, Asdonk)</li> </ul>	<b>€70</b>
<b>ASSOCIATE</b>	<ul style="list-style-type: none"> <li>A therapist holding current MLD qualification to treat intact lymphatic systems methods (Dr Vodder)</li> </ul>	<b>€70</b>
<b>AESTHETICIAN</b>	<ul style="list-style-type: none"> <li>A person holding current qualification in methods to treat face / neck (Dr Vodder)</li> </ul>	<b>€70</b>

**MLD CERTIFICATION** please enclose copies if not already on file

MLD Ireland CLG requires practicing members to demonstrate their Continuous Professional Development (CPD) by attending training relevant to their specific theoretical and practical knowledge in the lymphatic system and Manual Lymph Drainage ( e.g. Review on a biannual basis ) For successful application validation is essential.

Year first certified : \_\_\_\_\_ Issued by \_\_\_\_\_

Date of training/review: \_\_\_\_\_ Issued by \_\_\_\_\_

## **INSURANCE DETAILS**

MLD Ireland CLG requires practicing members to hold professional indemnity insurance (6.5 mill) For successful application validation is essential. please enclose a photocopy of your valid policy document or copy of validation by your employer.

Name of Insurer:

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Insurance through employer : yes \_\_\_ no \_\_\_\_

Name of employer: \_\_\_\_\_

## **PROFESSIONAL QUALIFICATIONS**

**Prior to MLD Training** (entrance requirement) (PLEASE check BOX):

- Certified Massage Therapist,  Registered Massage Therapist ,  Physical Therapist ,  Nurse  
 Registered Nurse  Physiotherapist  Occupational Therapist  Medical Doctor  Registered Reflexologist

Other \_\_\_\_\_ (separated by comma, please indicate registered/certified)

### **Qualifications beside/after MLD training**

Other \_\_\_\_\_ (separated by comma, please indicate registered/certified)

### **Qualifications regularly updated**

professional first aid :

others:

last update:

last update:

## **DATA PROTECTION ACT**

To comply with Data Protection Act requirements, please complete the following in order for your contact details to be advertised and promoted by MLD Ireland.

I permit to place the following on the MLD Ireland website [www.mldireland.com](http://www.mldireland.com) under 'Find a Therapist'

- My Name,
- Business 1 contact information    YES \_\_\_ NO \_\_\_
- Business 2 contact information    YES \_\_\_ NO \_\_\_
- Business profile (written by me)    YES \_\_\_ NO \_\_\_

enclose business profile with 300 words (max)

### **Business address 1**

Business Name/Street
Town/ City/County
Phone
Website

**Business address 2**

Business Name/Street
Town/ City/County
Phone
Website

**MLD IRELAND MEMBERSHIP**

**Email address**

Upon registration, MLD Ireland will assign a personalised [mldireland.com](http://mldireland.com) email address to you, which will be in the format

"[firstname.lastname@mldireland.com](mailto:firstname.lastname@mldireland.com)".

This email address will be used for all official communication between MLD Ireland members. MLD Ireland also encourages its members to use this address for communication with patients, consultants, and other stakeholders, as it promotes professionalism, as well as the MLD Ireland company, reduces spam to your private email address and maintains uniformity within.

Please indicate that you agree with this policy: YES \_\_\_ NO \_\_\_

**Volunteering for MLD Ireland**

MLD Ireland is a Member lead organisation. All work is done voluntarily by members and some acquired non member volunteers.

Would you be willing to volunteer your skills to help MLD Ireland? please tell us how, so we can contact you

Short term projects\_\_\_\_, Finance \_\_\_\_, Writing articles \_\_\_\_, Web site \_\_\_\_\_, Data entry\_\_\_\_  
Secretarial \_\_\_\_, Fundraising \_\_\_\_, Other \_\_\_\_\_ (separated by comma)

**CHECKLIST FOR THIS APPLICATION**

- All certificates for ContiniousProfessionalDevelopment earned last 2 year enclosed YES \_\_\_
- Qualification (Certificate/Diploma) as MLD /CDT Therapist enclosed YES \_\_\_
- My insurance certificate/employer endorsement enclosed YES \_\_\_
- I paid through online banking €\_\_\_\_\_ copy of success report enclosed YES \_\_\_
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- I declare that I have no criminal convictions in Ireland, or elsewhere YES \_\_\_
- I read the Memorandum & Articles of Manual Lymph Drainage Ireland CLG YES \_\_\_
- I read the Code of Ethics and agree to be bound by it YES \_\_\_
- I certify that all information supplied is true and accurate YES \_\_\_

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

**Date:** \_\_\_\_\_

*please scan and email to [info@mldireland.com](mailto:info@mldireland.com)  
completed form and all certificates, qualifications, reviews & insurance.  
Payment can be done through your online banking .  
Find our bank details @ [www.mldireland.com](http://www.mldireland.com) under: membership > renewing membership*