

Expression of Interest

New Grad Group



What?

New Grad Group is an opportunity to meet with your peers under the guidance of our clinical consultant. Together the group will look at equipment, assessment and clinical reasoning processes in relation to prescription of Assistive Technology. Members will have a safe place to develop their clinical skills and increase product knowledge of equipment they prescribe. There will be specific learning outcomes set for each session, which the group will be involved in identifying at the previous session.

Who?

The group will be open to any registered Occupational Therapist either in their first two years of practice or who have changed scope and are returning or new to the equipment prescription area of practice.

Why?

We appreciate that graduation is often the beginning of your professional journey, depending on the scope of practice relating to your new role there is often a significant new learning curve when starting to practice. We also value a skilled prescriber workforce to assist end users in getting best outcomes from their equipment. As such we feel that with our combination of product knowledge and our clinical consultants experience in training and education, that we can provide good support and education opportunities to assist you in your new role. Certificate / workshop overviews provided for CPD hours.

When?

The group will meet bi-monthly and when appropriate, will be scheduled to co-ordinate with some of our half day workshops so members can take advantage of other training opportunities if they wish to do so

Where?

This will depend on the Topic of the month but most sessions will be between the Astris Lifecare showroom in Silverwater and our base in Minto.

If your interested in being a part of this group or are supervising a new staff member you feel may benefit from being involved please don't hesitate to contact our Clinical Consultant Tracee-lee Maginnity for more details or to discuss further. Alternatively to register, please complete the following details and return to Tracee-lee.

Therapist's Name: _____

I have discussed this with my senior: Yes / No

Role: _____

Facility/Place of Practice: _____

Contact email address: _____

Contact phone: _____

Area of interest: _____

Equipment prescription experience: _____

What are you most excited about in your new role? _____

What are you most nervous about in your new role? _____