



**TASMANIAN ASSOCIATION OF VOCATIONAL
REHABILITATION PROVIDERS (TAVRP) INC.**

INVITES YOU AND YOUR COLLEAGUES TO A BREAKFAST PD PRESENTATION

**UPPER LIMB WORKPLACE INJURIES: COMMON INJURIES AND CURRENT
TREATMENT PROTOCOLS**

PRESENTER: CLAIRE INGHAM

Claire Ingham is an Occupational Therapist and Accredited Hand Therapist (AHTA) with almost 9 years' experience working as a hand therapist across both the public and private sectors throughout Australia.

Claire has extensive experience in the assessment and treatment of a range of upper limb conditions, including those which are sustained at work. Claire has a specific interest in the management of hand and wrist fractures, tendon injuries and burns and loves splinting and casting, in all its forms, to help her patients recover from injury.

We require prepayment to confirm your attendance by 27 April 2023.

Please fill out the form below and select your breakfast choice, which includes one hot drink.



**PROFESSIONAL DEVELOPMENT
BREAKFAST SERIES**

Tuesday 2 May 2023

**Please arrive by 6.30am
for coffee orders**

Breakfast served at 6.45am sharp

Presentation 7.00am

Event concludes 7.45am

**The Duchess Café
231 Sandy Bay Road Hobart**

**RSVP by payment and submission
of this form by 27 April 2023**



TAVRP Inc
GPO Box 1637, Hobart TAS 7001
E: admin@tavrp.com.au

TAX INVOICE ABN 96 128 479 496
(This part will form your tax invoice – no receipts will be issued). Presenter Claire Ingham (02.05.2023)

Yes! I would like to attend the TAVRP Breakfast Presentation on 2 May 2023

Following is my breakfast request (Please pick one):

Smashed Avo and Persian feta on grilled sourdough, poached egg, pomegranate, Dukkah

Pancakes with fried egg and maple bacon

Duchess Granola with poached apples, blueberries, coconut yogurt and almond milk

Special Dietary Requirements:

Members \$25 (GST inclusive)

Non-Members \$35 (GST inclusive)

Name:

Address:

Phone:

Email:

Company:

Direct deposit: Name: WBC Hobart BSB: 037 001 Account: 186192
(Please include your name on the deposit receipt/reference section)

(PREFERRED PAYMENT METHOD)

Credit Card: Charge to my AMEX Visa MasterCard

Name on Card:

Card Number:

Expiry: /

Signature:

CVC:

Please note: There are no refunds or credits available after the RSVP date

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