



Care  
Education  
Advocacy

901 Whitehorse Rd, Box Hill VIC 3128  
PO Box 1377, Box Hill VIC 3128

**W:** [shvic.org.au](http://shvic.org.au)  
**P:** (03) 9257 0100

Dear Doctor,

Congratulations on completing your IUD training with Sexual Health Victoria and receiving your competency certificate.

We are publishing a directory of Victorian IUD providers. The purpose of the register is to improve the availability of information relating to provider options to women considering their contraception choices in Victoria.

The directory will be available via our website ([www.shvic.org.au](http://www.shvic.org.au)) and will provide the following information to the general public regarding community IUD Insertion (IUDI) providers (**please confirm your details below, e.g. practice stamp**):

- Doctor's name: \_\_\_\_\_
- Practice name: \_\_\_\_\_
- Practice address: \_\_\_\_\_
- Contact number: \_\_\_\_\_

In order to include your information on this directory, if you wish to be listed, we ask that you please complete the formal consent form below and return to SHV at [clinicaleducation@shvic.org.au](mailto:clinicaleducation@shvic.org.au) your earliest convenience.

Please feel free to phone us on 03 9257 0100 if required.

Kind regards

Sexual Health Victoria  
901 Whitehorse Road Box Hill VIC 3128

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### **Consent for inclusion on public IUDI provider register published by Sexual Health Victoria**

I, Dr \_\_\_\_\_ confirm that I continue to insert IUD's in my general practice following completion of competency training undertaken with Sexual Health Victoria (SHV).

I consent to my name, practice name, practice address and contact phone number being included in a directory to be published online via [www.shvic.org.au](http://www.shvic.org.au) and agree to inform SHV if my provision of IUD insertion status or contact/practice information changes at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_