

ARC INK Magazine

August 2018 - October 2018

Volume 21 Issue 3



Published quarterly by the Australian Reiki Connection Inc.
ARC INK is for the information of USUI System of Reiki Channels

President's Comments - John Coleman

Greetings and welcome to this edition of your ARC INK Magazine.

Reiki is widely accepted as being of great benefit to many, particularly those with a life threatening illness such as those in palliative care. The main article in this edition is about those "angels" who work in a hospice and how Reiki helps them cope. Do make the time to read in full and if you have a similar story about an Australian facility do share it with us.

As you know August 31st is the renewal date for your membership of the Association.

ARC endeavours to issue all renewal invoices between the end of July and end of August be advised that your invoice will be with you in the next few weeks.

It is important that you are in the correct category of membership. For members currently in the non-professional member category, and are professionally providing Reiki treatments or teachings, please inform ARC to arrange the change your membership category. There is no charge for making this change and the new category fee will not apply until the next membership year. Details of membership categories have previously been sent to all members and can be viewed on the new ARC website. More details on page 3.

If you currently hold a certificate of currency of insurance for providing Reiki, if you have not already done so please send a copy to ARC treasurer. Remember you must be a financial member of ARC to be insured at the reduced premium, through the association with AJ Gallagher insurance brokers.

Finally, if you would like to become actively involved in the management of the Association then I would love to hear from you. Your participation and skills would be most welcome.

Likewise, if you have any suggestions or requests that you believe could benefit yourself and others, or an article for the ARC INK Magazine please let me know.

I hope you enjoy reading your ARC INK Magazine.

Love Light lots of laughter and wellness - John Coleman - President



MISSION STATEMENT

Australian Reiki Connection Inc. is an Association working with and promoting the spirit of Reiki through teaching, healing, fellowship and research, both within the Reiki community and the wider community

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Welcome to the ARC INK Magazine - Volume 21 Issue 3

This Magazine is published four times per year for the information of **USUI Reiki Channels** and persons interested in Reiki Healing, Reiki Teaching and Complementary Therapies

visit: www.australianreikiconnection.com.au

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The Usui Precepts

Kyo Dake Wa

Today Only

Ikaru Na

Do Not Anger

Shinpai Suna

Do Not Worry

Kansha Shite

Be Grateful

Gyo o Hage Me

Do Your Work Diligently

Hito Ni Shinsetsu Ni

Be Kind (compassionate)



Contacting the Australian Reiki Connection Inc.
TELEPHONE: 1300 130 975

Questions relating to:

**Global Reiki issues and the activities of Reiki in Australia contact the President -
John Coleman Email: president@australianreikiconnection.com.au**

**ARC Inc. membership and for general enquiries contact the Treasurer -
Tony Carroll Email: treasurer@australianreikiconnection.com.au**

Mail can be posted to: ARC Inc. PO Box 525 MONBULK VIC 3793

[Allow up to 7 days for post to arrive]

Message to all Members from the Committee of Management of the
Australian Reiki Connection Inc. August 2018

We ask that you please take the time to read this important message in full as it refers to your Association Membership.

We are fast approaching the time of year when your Membership expires and a renewal of Membership payment is required. A renewal of Membership INVOICE will be emailed to each Member who has provided us with a valid email address and posted only to those who do not have email.

ARC endeavours to issue Renewal Invoices between end of July and end of August each year.

Your Invoice will either be for:

ANPM: Member / NON Professional = AUD\$40.00 (Annual Payment)

APPM: Professional Practitioner Member / NON Teaching = AUD\$80.00 (Annual Payment)

APTM: Teaching Member / Professional Practitioner & Teacher = AUD\$100.00 (Annually)

ARC is not registered to charge GST - All prices have a Zero\$ GST amount

Payment of Fees can be made directly into the ARC Bank Account using your full name as the reference to **Bendigo Bank - BSB Number: 633-000 - Account Number: 115445421**

Account Name: Australian Reiki Connection Inc. Reference: YOUR Full Name

Payment of Fees can also be made Visa/MasterCard Credit/Debit Card - Telephone **1300 130 975**

ARC as a peak Reiki body representing Australian **Professional Reiki Treatment Practitioners and Independent Reiki Teachers** nationwide has the lowest membership fees in Australia.

Annual renewal is always due on or before the 31st August every year. As ARC uses a 'bulk-mail-out' system to send annual invoices to all members, we have discovered that some email servers treat this as SPAM and delete the email because they read it as a corruptible link.

That is why it is good to have <mailto:messaging-service@post.xero.com> added to your address book as a safe address

Professional members are responsible for completion of their annual **P&PD - Personal & Professional Development (Credit Points) Booklet** You can download (to complete) a copy online (return by email) at: <https://www.australianreikiconnection.com.au/members-area-cucm>

Your current P&PD return due date is: 31 August 2018 (for the 2017/2018 year)

If **you** would like to become actively involved in the management of the Association then ARC would like to hear **from you**. Your participation and skills would be most welcome.

The **Australian Reiki Connection Inc. (ARC)** the **Association of Australian Reiki Professionals** and Australia's leading Reiki association established in 1997. A peak Reiki body representing Australian **Professional Reiki Treatment Practitioners and Independent Reiki Teachers** nationwide.

NRAW: National Reiki Awareness Week 2018

'My Soul and My Role Aligned' — How Hospice Workers Deal with Death

Stateline Article By: [Michael Ollove](#)



Hospice nurse Dee Metzger administers a painkiller and sedative to cancer patient Nancy Mattes, 68, at the David Simpson Hospice House, one of three inpatient hospices in the Cleveland area run by the Hospice of the Western Reserve. Mattes, a former sixth-grade

CLEVELAND — It is 7:30 on a summer morning in a chapel-like room overlooking the slate-gray, lapping waters of Lake Erie. Ten or so people, some just arriving at work, some finishing a night shift, sit silently in pew-like benches and armchairs below stained-glass windows. A plump Golden Retriever named Linus, a hospice therapy dog, wanders from one person to another, gratefully accepting their caresses.

Dr. Kevin Dieter, a hospice care physician with graying mustache and goatee, gently suggests they get started. A hospice nurse sitting in a bench opposite him begins reading names. In the pause after she pronounces each, Dieter strikes together two palm-sized Buddhist meditation chimes, producing a tinkling peal that quickly evaporates. The names go on and on. Evonne and Molly and Andre and Jerry. Twelve in all. Twelve patients who were alive in this hospice house three days ago when this ceremony was last held. Twelve who have died since, each in one of the bedrooms lining the quiet hallways, each having hoped for a death free of pain or distress and, for the lucky ones, bitterness or resentment.

Providing the possibility of that wished-for death is the professional mission of all in this room, of all the 935 employees and 3,000 volunteers who work for the 40-year-old non-profit Hospice of the Western Reserve. Each day they serve 1,200 hospice patients, most of them in hospitals, nursing homes, or their homes, and as many as 88 in one of three inpatient hospice houses in the Cleveland area, like this one off Lakeshore Boulevard.

By Medicare's criteria, to receive hospice services, each of those patients is deemed to have six months or less to live. In most cases, they also must agree to forgo curative treatments. All the employees will say they've gotten used to hearing The Questions, from family and friends, even from the loved ones of patients they care for. "We get asked that all the time," said Tammy Wright, 43, a nurse's assistant with hospice certification, now in her ninth year doing hospice work. "Why did you ever choose to work there? Why would anyone elect to spend their workdays so entwined with death and grief? And how can you possibly get up the next morning to do it all over again?"

It is hard to think of another profession with such constant exposure to dying. Yet, as intense and exhausting as hospice care is, you seldom hear any of the doctors, nurses, aides, social workers and bereavement counsellors at the Hospice of the Western Reserve describe the job as grim, sad or dispiriting. Instead, they tend to portray the work as deeply fulfilling, gratifying and, perhaps most counterintuitively, life-affirming. And in working in the presence of imminent death, they all say they have witnessed sights that defy expectation or explanation.

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'My Soul and My Role Aligned' — How Hospice Workers Deal with Death

Stateline Article By: [Michael Ollove](#)

"We see God working here all the time," said Dee Metzger, 68, a hospice nurse in the Medina Inpatient Hospice Care Center southwest of Cleveland. "All the time."

The turnover rate among employees at Western Reserve is a surprisingly low 12 percent, according to Judy Bartel, Western Reserve's chief clinical officer. (Nationally the [turnover rate for hospice registered nurses](#) is almost 19 percent.) To retain its employees, the hospice offers them many outlets to combat burnout and "compassion fatigue."

As more Americans opt for hospice care, keeping hospice workers dedicated, replenished and content is a growing concern. The number of [hospice patients grew 167 percent](#) between 2000 and 2016, to more than 1.4 million, according to a March 2018 report from the Medicare Payment Advisory Commission, which provides Congress with analyses regarding Medicare. Nearly half of Medicare beneficiaries who died in 2015 had received hospice services.

At Western Reserve, those who quit the job are the ones who can't leave the work behind when they head home." It's sacred work," says Lisa Scotese Gallagher, one of whose jobs at Western Reserve is to provide programming to help the staff deal with the stress and emotional intensity of their jobs. "But the expectation that we can be immersed in suffering and loss and not be touched by it is unrealistic."

'My Soul and My Role Aligned'

Every week, Dieter loses 10 to 20 patients. Even those who survive the week aren't likely to see many more sunrises.

By the conventional measures of medicine, Dieter would be considered a failure. But he and his colleagues at Western Reserve do not evaluate themselves by the binary formula of life or death. In their professional lives, death is the inevitable, the constant, the unavoidable. "At the end of life, there's not a lot of fixing you can do," Dieter says.

The hospice caregivers gauge their professional performance by how they usher their patients to their end. "The most we can do is provide opportunity for our patients to have the best deaths possible for them," said Dieter, 62, medical director of Western Reserve's David Simpson Hospice House. "While everyone else is running away



In a meditation room overlooking Lake Erie, hospice workers honor their former patients who died in previous days by holding a ceremony before or after their Monday and Thursday shifts at the David Simpson Hospice House in Cleveland. They ring Buddhist meditation chimes, read poetry or listen to music pertaining to death. Courtesy of Laurie

from it, we in end-of-life are rushing forward saying, 'We know what you're going through. We want to help.'"

My Soul and My Role Aligned' — How Hospice Workers Deal with Death

Stateline Article By: [Michael Ollove](#)

There is a [shortage of hospice care in the nation](#), with not enough hospice doctors and nurses to keep up with an aging population, particularly in rural areas. Many hospices are understaffed, especially for those needing home care. Western Reserve relies on extensive fundraising to supplement Medicare and provide extra services for patients, such as art and music therapy. The easier part is relieving the physical symptoms, most often pain and agitation, which Dieter controls through medication. “Most of death isn’t medical, it’s spiritual and psychological,” he says. Hospice workers know they can’t erase all hurts and resentments. But often they facilitate conversations that can lead to deathbed reconciliations. Shortly after the ceremony in the meditation room, Dieter slips into the room of a 75-year-old woman with advanced pancreatic cancer.

She had been readmitted two days earlier, with swelling, edema, agitation and restlessness. Dieter had administered medications to try to get the symptoms under control, although in his estimation, she was now actively dying with kidney and liver failure. The previous day had been a bad one, so Dieter is heartened when he walks into the room and sees the tiny, white-haired woman sitting up in her bed, her eyes open and with no signs of the jerking he had observed earlier.

“I had a surprise this morning,” her husband says from an armchair at her bedside. “She’s going to hang around a little longer.” Turning to her, he says, “You’re like a cat. You have nine lives.” She doesn’t seem to follow. Dieter pulls up a folding chair alongside the opposite side of the bed and speaks quietly to her, occasionally reaching over to pat her leg.

“I know you’re confused,” Dieter tells her. “Part of that is the medicine, part is your illness. But you’re doing better.” She smiles wanly.

Outside the room, Dieter says she could be staging a rally, a brief improvement that could buy her a little more time. Or it could be just a pause before she resumes her march to the end. An erudite man who quotes poetry and Latin ruminations about death, Dieter has been doing this work for nearly 30 years. “Most of us will tell you that we get more from our work than we give,” he said. “For me, it’s a way of having my soul and my role aligned.” Hospice care, he said, has taught him not to hold on to resentments and to try to find joy in the everyday.

The work, Dieter says, does not sadden him. “If I felt helpless to impact how people experience the end of their lives, it would be awful. The fact that I and our team can do something about it, that’s what carries you through. You lean into it, knowing that your skills and presence are making a difference.”

‘God’s Waiting Room’

Others speak of how the work enriches their lives. “I was the biggest chicken in the world about death before I came here,” said Audrey Boylan, 51, a hospice nursing assistant in the Simpson hospice. “Now, thanks to [her patients], I’m not afraid at all. It’s an honor to sit there and hold their hands.

My Soul and My Role Aligned' — How Hospice Workers Deal with Death

Stateline Article By: Michael Ollove

Once, early on, she and a volunteer were bathing an elderly woman when the volunteer nodded toward the woman's feet. Boylan saw the familiar mottling of the skin that precedes death. As they watched, the mottling climbed up the woman's leg, then torso and all the way up to her ear. "Can you call my kids and tell them I don't feel too good?" the woman asked. She died that night, after her family held a Christmas celebration for her. In July.



Tammy Wright, left, and Carrie Merk, hospice nursing assistants at the Medina Inpatient Hospice Care Center, hold up a quilt embroidered with butterflies that is used to cover deceased patients after they are bathed and before the funeral home arrives. The quilt was made and donated by volunteers and is meant to help soothe families who may be

Linda Cotoam, 69, a United Methodist pastor for 26 years and spiritual care coordinator at the Western Reserve hospice house in Westlake for the last six, said that her hospice work has broadened her faith in a way her previous 20 years in the church had not. "I got a wider view of who God's people are, a wider view of God as much more accepting. "Although Western Reserve is in no way religiously associated, virtually everyone interviewed for this story described themselves as, if not religiously observant, spiritually inclined.

"This job will confirm any faith you have, but it will also challenge those beliefs when you see the suffering some go through," said Misty Durbin, 42, a social worker in the Westlake hospice. "To do this work, you need something, whether it is prayer or nature or meditation."

With Gallagher's prodding, the staff is quite intentional about what she calls self-care, ways to replenish themselves so they can remain mentally engaged in the work. It is vital, she says, that workers not suppress their feelings, but find ways to process and share them with others.

One of the primary dangers is "compassion fatigue," a numbing to the suffering of others frequently experienced by caregivers. The signs are increased irritability, a dread of going to work, an inability to experience joy, and often an increased use of alcohol or drugs. Another sign, Gallagher says:



A hospice social worker, Misty Durbin, talks to Marty Krupar, 87, about his impending transfer to a nursing home for veterans. He

recovered from respiratory failure after a monthlong stay at the Ames Family Hospice House in Westlake, Ohio. His wife died the day after he was admitted.

"Depersonalized language, like referring to a patient by diagnosis rather than using their name." Western Reserve offers programs to help the staff cope, such as yoga and reiki sessions. Employees are encouraged to find peers they can confide in. And workers develop their own activities to acknowledge the meaning of their jobs, such as the ceremonies in the meditation room, which Dieter inaugurated when he came to Western Reserve three years ago. "In honoring their lives, it brings us closure," says Jill Rossman, 55, a hospice nurse, who had attended that morning's ceremony.

My Soul and My Role Aligned' — How Hospice Workers Deal with Death

Stateline Article By: Michael Ollove

The workers have devised other rituals. In one hospice house, they created a box where they leave remembrances of patients in envelopes that are never opened. At one satellite office, staffers string cut-out figures from a twine running from wall to wall along the ceiling, each figure representing a newly deceased patient. One year it was butterflies, another stars and moons. This year it's doves. Already there are three full rows of them.

Most say they replenish themselves in ordinary activities, clearing their minds during the drive home, gardening, listening to music, praying. A high percentage of those interviewed have dogs. Most say they do not go to their patients' funerals, wanting to maintain a solid boundary between an empathetic professional relationship and a personal friendship.

On the other hand, Heidi Barham, 54, another pastor and spiritual care coordinator whose patients are usually in nursing homes or hospitals, sometimes conducts funerals at the request of families. "To me, it's a way to bring families peace and comfort and the message that there's joy on the other side of this."

Many workers say they intentionally wall off their home lives from their professional roles. Durbin says she has selected a spot halfway on her drive home, a Key Bank branch. Before she gets there, "I go through the day, grieve, feel angry, do whatever I have to do. But the rest of the way, I don't allow any more of that. It's, 'What are we going to have for dinner? What are we going to do tonight?'"

Visioning

What is hard to put aside, hard to dismiss, is the remarkable moments they experience with patients as death approaches. They've all seen patients wait for a loved one to arrive before dying, or hold off death until family members leave. To Dieter, it is an indication of something that startles outsiders. "Patients seem to have control over the moment they die."

Not long ago, Lindsay Turk, a 32-year-old social worker who makes house calls, had an elderly patient, a devoted father with a large family who for a week had been "actively dying," meaning that his internal organs were failing. Each time she visited, he was surrounded by family members. She gently suggested that they take a break so as not to exhaust themselves. But, she also had a hunch.

"Sure enough, he died soon after they'd left. He just couldn't burden them with having to watch him die." Workers say they frequently see patients toward the end of life making routinized motions with their hands, mimicking actions that were a habitual part of their lives, such as knitting, typing or assembling factory parts.

Dying patients often speak of an impending journey. "They'll say they're waiting for the train or boat or bus," Durbin says. "They'll say they're going home, although they don't mean their actual home. One patient we had wanted to put his shoes on, because he knew he was leaving. Another wanted to pack his things."

My Soul and My Role Aligned' — How Hospice Workers Deal with Death
Stateline Article By: Michael Ollove

One phenomenon familiar to any experienced hospice worker is “visioning.” Usually a day or two before dying, some patients “see” deceased loved ones hovering nearby. Sometimes they gesture or speak to their visitors, and recall the meetings later. Dieter insists these are patients who are not suffering from dementia or hallucinations.



Audrey Boylan, a hospice nursing assistant at the David Simpson Hospice House in Cleveland. She has seen many cases of dying patients “visioning,” believing they see deceased loved ones nearby during

Boylan, the nurse’s assistant, recalled being in a room with a dying patient not long ago when he motioned toward something in the room. “Doesn’t your mother look beautiful in that dress,” the elderly man said to his adult daughter. His wife had died years before. The man asked Boylan for a tie. “He wanted to look good for his wife,” she says.

On her break, Boylan drove to a nearby thrift shop and picked out a purple-and-black tie. Upon her return, she bathed the man, combed his hair and shaved him. She grasped his hand and put it to his face so he could feel how smooth his skin was. Then she dressed him in a hospital gown and tied the tie as best she could. He beamed.

“I said to him, ‘I’ll be right back, I just have to take the linen out.’” She returned a few moments later, to find him lying back on his pillow, his eyes closed, his face relaxed. Boylan had lost another patient. She left the hospice house that day with a smile. She had helped another on his way.

What a wonderful story of humanity and giving. All hospice workers are rightly described as Angels.

It is good to see that the staff are provided with Reiki to help them cope. In Australia a number of hospices offer Reiki to staff and clients. Perhaps by sharing this article you may encourage other facilities to introduce Reiki for the benefit of all.

*My thanks to ARC member WendyJoy Smith for sending this article. Do you have an article to share? Then please submit it to ARC.
Editor*

Source

“Stateline, an initiative of The Pew Charitable Trusts.” provides daily reporting and analysis on trends in state policy. Since its founding in 1998, Stateline has maintained a commitment to the highest standards of nonpartisanship, objectivity, and integrity. Its team of veteran journalists combines original reporting with a roundup of the latest news from sources <http://www.pewtrusts.org/en/about/mission-and-values>

Reiki Stories

This story is about my daughter Lucy. Two and half years ago she was unwell with what I thought was a cold but she did not improve. She was 12 at the time. In the end we went to the hospital and she was diagnosed with Pneumonia. On the IV antibiotics she still did not get better. As her condition deteriorated she was transferred to the Children's Hospital where they found a large hole in her heart.

The consultant Cardiologist said that she needed cardiac surgery to repair it as soon as she was well enough. Her condition was complicated by septicaemia and infective endocarditis. The bacteria was on her heart valve and there were 2 holes in the leaflets of the valve. We lived in the hospital for 4 weeks. I was treating her with Reiki and reflexology several times a day. I was exhausted but all of the healers in my Reiki group were sending Reiki.

I spoke to my Reiki master Sue. She asked me what I believed was the most important thing to be healed as I was a nurse - I said the hole in the heart. Sue placed Lucy's name on the ARC absent healing list. I did not believe that she would survive after 3 weeks and nothing changing. Sue told me to break it down. First we needed a negative blood culture so I began sending Reiki for that to occur.

We had a second scan by a Different doctor. He told me she could have a stroke any time because of the hole in the heart. After about a week the blood cultures were negative so a permanent line could be inserted to give the antibiotics, then she began to get better.

The day she was due to be discharged they scanned her again. This time they could not find the hole in the heart. They said that they had made a mistake but I saw the scan myself on both the previous occasions. I said she had been healed and that was all I cared about. She has been monitored by the cardiac team and we only need to be seen by them once every 2 years. She only has 1 tiny hole in the valve now and is living a full life.

I would like to thank all the members that sent the Reiki that saved my beautiful daughter's life. Of course I am grateful for the gift of Reiki itself.

Thankyou

Love and light

Corale Parkinson

Reiki Stories

Submitted by ARC Members

Lying in a hospital bed waiting for time to pass before the next round of intravenous antibiotic to be pumped into my sore body I had the opportunity to assess my life, my purpose and my destination. I really did not want to die, not then and not yet.

My concerns were many, no, not worries as even then I strove each day to *not worry just for today* so much help came from that simple yet powerful line. Sometimes just running through my thoughts, mostly said out loud.

Four times a day, day after day, this terrible drug that I described as 'burning' my veins as it went in had to be delivered. My body was trying to warn me, however, the medics thought I was just complaining. Eventually my blood tests showed that the *Flucloxacillin* was damaging my liver faster than treating the *Staphylococcus aureus* infection which had resulted in sepsis in my case.

Cefalexin basically does the same job however it is a *nicer* drug to use and thankfully it also allowed my liver to fully recover.

During my stay in hospital and the many surgeries I endured and then home recovery, two things were vital to me. Firstly the Reiki and secondly the amazing care from all those who looked after me.

I will be eternally grateful to the surgeons, doctors and nurses who saved my life and to all the hospital ancillary workers and of course to my precious who cared for me once home, how can I ever be grateful enough.

Reiki came into my life in 2003 by way of an incredible Teacher who saw possibility in me, who taught and attuned me, setting my feet firmly on the *road to life* through her thoughtfulness and love, Namaste For me Reiki has no rules, it has no obligations, it does not require obedience or worship or offerings of money. For me Reiki only asks for acceptance, an acceptance of Reiki in my life and then I find that Reiki has become my friend, my guide, my light. It works away behind the scenes quietly moving me in the direction that is for my highest good, not always what and when I want, however always for my best.

Acceptance, maybe an open mind, always a willingness to let the Reiki work. Reiki does work. Reiki works in its own way and in its own time and we as humans cannot change that. Nor should we want to. Sometimes Reiki does for us great things that we have not asked for and sometimes does not do those things that we have asked for. For me whatever happens is always for our best and we should learn to accept. Remember *not to anger just for today*.

I am not a Professional Practitioner of Reiki nor do I Teach Reiki however I love and accept Reiki I know that without Reiki my life would be different, quite different. I was headed in a wrong direction Reiki has allowed me to travel a more incredible journey, meeting so many fabulous fellow Reiki people on the way. Seeing and beholding the wonders of Reiki. Feeling the love of Reiki and of course living my life with Reiki.

ARC Member. Name with Editor

Your Personal & Professional Development [P&PD]

Annual Requirement

Have you completed your annual P&PD form yet?

As a Professional Member* of the Australian Reiki Connection you are required to submit a P&PD return by the 31st August each year, in order to maintain your professional status on the ARC directory of referred Reiki Practitioners & Reiki Teachers.

**[APPM: Professional Reiki Treatment Practitioner Member - Non-Teaching and/ or
APTМ: Teaching Member / Professional Reiki Treatment Practitioner & Reiki Teacher,]*

Personal and Professional Development. P&PD also known as either - CPD continuing professional development or - CPE continuing professional education. It is a requirement in all reputable professional associations.

In ARC it allows you to maintain and build on your skills and knowledge beyond your initial Level I / Level II / Level IIIA Master Practitioner / Master Teacher Reiki training.

It is a process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work. It's a record of what you experience, learn and then apply in your practice.

Personal and Professional Development in other modalities and / or from other professional associations can be included in your Australian Reiki Connection P&PD return.

The Australian Reiki Connection has set a minimum of 20 P&PD points as an annual requirement per Membership year. Teaching and attuning others to Reiki does not attract P&PD points.

If you have any queries or need clarification and / or assistance in completing your P&PD form you can email president@australianreikiconnection.com.au or phone 1300130975

Your P&PD form can be downloaded from the Members area of the ARC website and completed online or downloaded and printed if you wish to submit by post.

Alternatively you can open it below by holding down the control key on your keyboard and clicking on the link.

https://docs.wixstatic.com/ugd/01cecd_18985f5cc37e4201bfe48610e9e3462a.pdf

ARC WEBSITE INFORMATION

Please add no-reply@parastorage.com to your safe email list

When someone contacts you via the ARC directory of Practitioners and Teachers the email comes into your inbox with the heading: no- Reply@parastorage.com

Subject line New message via your website

Followed by who it is from.: Example president@australianreikiconnection.com.au

Why not visit the directory, look up your listing and send a test message to yourself.

Have you signed up to the Members Area of the new website. ?

If not why not do so now.

Remember your old password will not work.

Click on the **ARC MEMBERS AREA** button on the top right of the home page and follow the instructions.

www.australianreikiconnection.com.au

Are you a Professional Reiki Treatment Practitioner and / or Reiki Teacher member of the Australian Reiki Connection?

Are you listed in the ARC Directory of Practitioners and Teachers on the Website?

Can you please check that your current details are correctly listed on the directory. If not, please contact president@australianreikiconnection.com.au or phone 1300130975 to have your details updated.

<https://www.australianreikiconnection.com.au/directory-of-practitioners>

ARC GATHERINGS

In Victoria ARC members organise a bi-monthly gathering of Reiki friends and colleagues. at Waverley Community Learning Centre - 5 Fleet Street, MT WAVERLEY Mel. Ref: 61 G12

These events start with a group Meditation followed by a short round of Introductions, then some News, Views and some Reiki stories. Attendees share some of their favourite Reiki experiences (their own and/or others that they have witnessed) - this can be inspiring to hear and they are asked to write these down in advance so that they can be included in an 'ARC Reiki Stories Journal' Attendees bring along a healthy lunch to share, after which they share Reiki treatments. This is a great way to network with other Reiki people in your area.

Would You like to organize an ARC Gathering for members and Reiki friends in your area?

Contact ARC President for information and support by Phone 1300 130 975 or e-mail president@australianreikiconnection.com.au

The remaining dates for the VIC gatherings, are ;

13th October [ARC AGM 2018] -

8th December [ARC's End of Year - ***Event***]

About the 8th December [ARC's End of Year - *Event***]**

The event group advise that it is planned to have a very special day on the 8th of December at which ARC Members who choose to participate will offer the attendees the opportunity to experience/sample other modalities from among their talents and skills. Examples include: numerology, tarot, graphology, Chinese Face Reading, Kinesiology just to name a few. If you would like to be involved as a practitioner then

www.australianreikiconnection.com.au