< Study Day Title Here>

**0850 – 0900 (Registration)**

**0900 – 1530 (Workshop)**

**Broadmeadows Hospital Clinical Education Building Seminar Room**

**Broadmeadows Hospital Diabetes Workshop 2019**

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| **About the Program**  This workshop will cover:   * Update on blood glucose lowering medications, new and old * Managing hypoglycaemia patients in multiple clinical situations * Managing the hyperglycaemic patient * Insulin pen skill station – different device and techniques * Understanding ketones, troubleshooting & management   Please choose which workshop you prefer:   |  |  | | --- | --- | | **Tuesday 5th March 2019** |  | | **Tuesday 22nd October 2019** |  |   **Course Fees**  Northern Health Staff: $50.00  External Staff: $120.00 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Registration**  Complete this form and return it to [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) closing date is two weeks prior to date of workshop  Study Leave does not guarantee a place. An outcome email will be sent to the email address provided on the form.   |  |  | | --- | --- | | **Applicant Name:** Click here | **Employee Number:** Click here | | **Email address:** Click here | **Mobile Number:** Click here | | **Unit/Department:** Click here |  | | **Study Leave Approved?** Yes  No | **NUM/Manager Name:** Click here  **Signature :** Click here  *(not required if coming in own time)* |   **Payment Details:**   |  |  |  |  | | --- | --- | --- | --- | | VISA | MASTERCARD | | CHEQUE | | **CARD NUMBER**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | **Expiry Date:** Click here  **CCV number:** Click here. | | | **Card holder name:** Enter text.  **Signature:** Enter text. | | **Date:** Enter date | |   **Terms & Conditions**   * All fields must be completed * No cash payments accepted * Payments will be processed after the registration closing date * No refund after the closing date. Credit will be used for future study day. * Northern Health will make every attempt to provide the program as outlined, however reserve the right to change or cancel the program. * Payment will appear on statement as NH Medical Services * Contact [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) or **8468 0751 / 8468 0777** if you have not received an email within 1 week of sending your registration form |