Study Day Title Here>

Respiratory Seminar

**Wednesday, 17th April 2019**

**0800 - 1600hrs**

**NCHER, Level 1, Lecture Theatre 1**

|  |
| --- |
| **About the Program** This seminar has been designed to enhance the professional development of the Health Care Professional who is involved in caring for the patient with Respiratory Disease. This seminar aims to build upon existing knowledge and skills in respiratory management, enabling participants to effectively manage a range of respiratory illness’ / diseases encountered across the acute and continuing care setting.Proposed topics include:* Respiratory Failure
* Tracheostomy Management
* Thunderstorm Asthma
* Pulmonary Rehabilitation & Management in the Community Setting
* Effects of Smoking on the Respiratory System
* What’s New on the Pharmacological Market?

**Course Fees**Northern Health Staff: $50.00External Staff: $120.00 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration** Complete this form and return it to EducationEnquiries@nh.org.au by Wednesday April 3,2019Study 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 | **AMOUNT:** Click here to enter text.**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 or **8468 0751 / 8468 0777** if you have not received an email within 1 week of sending your registration form
 |