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**Australian Resuscitation Council**

**Level 1 Advanced Life Support Course**



**Time:** 07:45 – 17:00

**Venue: N**orthern **C**entrefor **H**ealth **E**ducation& **R**esearch(NCHER)

Simulation Centre Level 1

185 Cooper Street,

Epping VIC 3076

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| **About the Program**  This one day course is designed to give the candidate the skills for managing a cardiac arrest or other medical emergencies in a clinical setting. The course covers recognition of the critically ill patient, airway management, resuscitation procedures, defibrillation and basic drug therapy.  **Course Objectives**   * To train healthcare personnel to manage patients in the immediate periods of crisis aiming to prevent deterioration and cardiopulmonary arrest. * To train healthcare personnel in common causes and strategies for the prevention of cardiopulmonary arrest, and the ABCDE approach. * To train healthcare personnel in initial resuscitation and defibrillation (manual and / or AED) and simple airway management. * To train healthcare personnel to manage patients in cardiopulmonary arrest until arrival of the resuscitation team or expert help. * To train healthcare personnel to participate as members of the resuscitation team.   This course will meet the needs of those who need more advanced skills than those taught during Basic Life Support (BLS) but who do not require the more comprehensive 2-day ARC Advanced Life Support course. Course materials will be provided to you.  Suitable for: Medical, nursing, paramedics, anaesthetists, midwives, radiographers, dentists, postgraduates, physiotherapists, OT, medical students  **2019 Dates:**   |  |  | | --- | --- | | 15th April | 30th May |   **Course Fees**  Internal Applicants: $120 for a full day course\*  External Applicants: $480 for a full day course\*  \*materials and catering included  **Please Indicate Special Dietary Requirements**  For additional course information (not registrations) please contact:  [Narkitaa.VanEkeren@nh.org.au](mailto:Narkitaa.VanEkeren@nh.org.au)  Narkitaa Van Ekeren, Course Coordinator |

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| **Registration**  Complete this form and return it to [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) by 4 weeks prior to the course after which time deposits will be forfeited  **After this time you will be emailed to collect the pre-reading as per ARC requirement.**  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  **Date of course:**  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**: Enter Amount  **Expiry Date:** Click here  **CCV number:** Click here. | | | **Card holder name:** Enter text.  **Signature:** Enter text. | | **Date:** Enter date | |   **Please Indicate Special Dietary Requirements:** Enter text.  **To assist us in planning please complete the following:**  **State or Territory:**  **Primary place (hospital) of work:**  Enter text.  **In which department do you work:**  Enter text.  **What is your role & grade:**  Enter text.  **AHPRA Registration No. :** Enter text.  **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 * Forms not filled in correctly or handwritten will be returned |