Study Day Title Here>

Palliative Care Short Course

**Wednesday, 15th May 2019, Wednesday 29th May 2019, & Wednesday 12th June 2019**

**0800 - 1600hrs**

**NCHER, Level 1, Lecture Theatre 2**

|  |
| --- |
| **About the Program**  This seminar has been designed to enhance the professional development of the Health Care Professional who is involved in caring for Palliative patients. This seminar aims to build upon existing knowledge and skills in Palliative Care management, enabling participants to effectively manage patients in the Palliative Care phase of their Illness, or requiring Palliative Care input into their care management.  Proposed topics include:   * Philosophy of Palliative Care & a Palliative approach * Medical treatment act & advanced care planning * Symptom Management * Terminal restlessness * Assessment of the Palliative Patient * Communication with Patients & Carers * Common Medications utilised in Palliative Care * Use of Chemotherapy & Radiation Therapy in Palliative Care * Cultural Considerations in Palliative Care * The role of complimentary therapies   **Course Fees**  Northern Health Staff: $150.00  External Staff: $360.00  **Participants are required to attend all three short course days** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration**  Complete this form and return it to [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) by Closing date Monday May 1, 2019  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**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | **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 * Forms not filled in correctly or handwritten will be returned * 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 |