< Study Day Title Here>

 Central Venous Access Device (CVAD) 2019 Workshops

**Course time: 0815 – 1615**

**Location: NCHER Level 1, Lecture theatre 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **About the Program** This full day interactive workshop provides nurses with a comprehensive overview of the current trends and management principles of Central Venous Access Devices (CVAD’s).Proposed range of topics and practical workshops include:

|  |  |
| --- | --- |
| * PICC lines:
* Central Lines:
* Implanted Port:
* Dialysis catheters:
 | Principles of care, Dressings, Troubleshooting, Medication Administration and Blood Sampling Access, Maintenance and ManagementAccessing, De-accessing, Heparin locking Current management principles |

**Due to the practical nature of the workshop, numbers are strictly limited to 20 participants**.**Please tick your attendance date:**

|  |  |
| --- | --- |
| [ ]  Wednesday 2nd October[ ]  Friday 22nd November | Register by: 18th September 2019Register by: 8th November 2019 |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration** Complete this form and return it to EducationEnquiries@nh.org.au by Closing dates as aboveStudy 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 Enter amount****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
* **FORMS FILLED NOT FILLED CORRECTLY OR HANDWRITTEN WILL BE RETURNED**
 |