< Study Day Title Here>

**Friday the 13th of September 2019**

**Registration time 0745 Study Day 0800-1630hrs**

**NCHER Lecture 1**

End of Life Care Study Day

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| **Providing End of Life Care- What can I do?**  This interactive and comprehensive study day focuses on real personal stories and real case studies. It aims to explore the variety of roles professionals have throughout end of life care, acknowledge end of life cultural beliefs, reflect on our own end of life practices and walk with the family on their end of life journey.  Topics include:   * **The Funeral Director-** Role at End of Life * **The Coroner-** Case studies and what we can learn * **Medical Treatment Decision Maker** - for the patient lacking capacity * **The Carers-** Staff and Family- Grief/Bereavement/Staff Support * **End of Life Hypothetical-** *“John is very unwell - there is a chance that he will not survive this”* * **Tissue and Organ Donor Recipients-** Personal Stories * **The Muslim Perspective-** On End of Life and Organ Donation * **The Families-** A Family Journey through Organ Donation * **The Patient and YOU-** Things to remember   **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) by Tuesday the 27th of August  Study Leave does not guarantee a place. An outcome email will be sent to the email address provided on the form.   |  |  | | --- | --- | | **Applicant Name:** Enter here | **Employee Number:** Enter here | | **Email address:** Enter here | **Mobile Number:** Enter here | | **Unit/Department:** Enter 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 here  **Expiry Date:** Enter date  **CCV number:** Enter here | | | **Card holder name:** Enter here  **Signature:** Enter here | | **Date:**  Enter here | |   **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 |