< Study Day Title Here>

CANCER SEMINAR

**Friday 1st November 2019**

**Registration Time: 0745 Course Time: 0800 - 1630**

**Location: Northern Centre for Health Education & Research (NCHER), Level one, Lecture Theatre**

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| **About the Program** This seminar aims to enhance the professional development of nurses who have a desire to improve their knowledge about caring for patients with cancer. Topics include:* Australian Cancer Survivorship Centre

Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre* Cancer Clinical Trials & Research

Lynda Harrison, Clinical Trials Co-ordinator Haematology & Oncology, Northern Health* Advanced Care Planning & Voluntary Assisted Dying (VAD) – Implications for cancer nurses

Anne-Marie Fabri – Advanced Care Planning, Northern Health* Medicinal Cannabis in Cancer Care

Joe Conway, Senior Oncology Pharmacist, Northern Health * Gerontology & Cancer

Michael Cooney, Oncology & Haematology Nurse Practitioner, Northern Health* Chimeric Antigen Receptor (Car)T-Cell Therapy

Nicole O’Leary, Haematology Nurse Consultant, Peter MacCallum Cancer Centre* Nutrition and Cancer

Tara Breheny, Senior Dietician, Northern Health**Course Fees Closing date for registration:** Friday 18th October, 2019Northern Health Staff: $50.00External Staff: $120.00 |

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| **Registration** Complete this form and return it to EducationEnquiries@nh.org.au by Closing Date Friday October 18,2019Study Leave does not guarantee a place. An outcome email will be sent to the email address provided on the form.

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| **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:**

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|  VISA [ ]  | MASTERCARD [ ]  | CHEQUE [ ]  |
| **CARD NUMBER**

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 | **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 or **8468 0751 / 8468 0777** if you have not received an email within 1 week of sending your registration form |