< 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**

|  |
| --- |
| **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, 2019  Northern Health Staff: $50.00  External Staff: $120.00 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration**  Complete this form and return it to [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) by Closing Date Friday October 18,2019  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 |