No>

**Australian Resuscitation Council**

**Level 2 Advanced Life Support Course**



**Venue: N**orthern **C**entrefor **H**ealth **E**ducation& **R**esearch(NCHER)

Simulation Centre Level 1

185 Cooper Street,

Epping VIC 3076

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| **About the Program**  The ALS2 course credentials are recognised internationally by those including the Resuscitation Council (UK), New Zealand Resuscitation Council (NZRC) and European Resuscitation Council (ERC). Many professional colleges also credential the course and grant educational development points for completion.  The ALS2 Course is co-badged with the Resuscitation Council (UK). The ALS2 teaches evidence-based resuscitation guidelines and skills to healthcare professionals in every state and territory in Australia.  **Course Objectives**  The ALS 2 course teaches the knowledge and skills required to:   * Recognise and treat the deteriorating patient using a structured ABCDE approach. * Demonstrate management of a patient using the standardised approach of the Australian Resuscitation Council cardiac arrest algorithm. * Treat cardiac and/or respiratory arrest, including starting CPR, manual defibrillation, life-threatening arrhythmias, and post resuscitation care. * Care for the deteriorating patient or patient in cardiac and/or respiratory arrest and in special circumstances, lead a team, work as a team member, and use structured communication skills including giving an effective handover.   All applicants must hold a professional healthcare qualification and current clinical or healthcare educational appointment or be in training for an Australian professional healthcare qualification. The course is very intense and prior clinical knowledge and experience of critically ill patients is essential.  **2020 Date:**   |  |  | | --- | --- | | February 1st & 2nd  July 6th – 7th  December 7th – 8th |  |   **Time: Day 1** 07:45 – 18:00  **Day 2** 07:45 – 17:00  **Course Fees**  Consultant/GPs $1300-00  Registrar/HMO/Interns External $1100-00  Paramedic/Nurse $770-00  Response team staff call / Contact [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) or **8468 0751 / 8468 0777**  NH Employee discount on full fee\*  Materials and catering included\*  For additional course information (not registrations) please contact:  [Narkitaa.VanEkeren@nh.org.au](mailto:Narkitaa.VanEkeren@nh.org.au)  Narkitaa Van Ekeren, Course Coordinator  (all registrations please send this form electronically to [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au)) |

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| **Registration**  Complete this form and return it to [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) by 6 weeks prior to the course after which time deposits will be forfeited.  **After this time you will be emailed to collect the pre-reading as per ARC requirement.**    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  **Date of course:**  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 | |   **Please Indicate Special Dietary Requirements:** Enter text.  **To assist us in planning please complete the following:**  **State or Territory:**  Enter text.  **Primary place (hospital) of work:**  Enter text.  **In which department do you work:**  Enter text.  **What is your role & grade:**  Enter text.  **AHPRA Registration No. :** Enter text.  **Terms & Conditions**   * All fields must be completed electronically * No cash payments accepted * Payments will be processed after the registration closing date * **No refund after the closing date**. * 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](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 * **Forms not filled correctly or handwritten will be returned** |