< Study Day Title Here>

**Thursday 23rd April, 2020**

**Registration Time 0830 - 0900 & Course Time 0900 - 1600**

**Broadmeadows Hospital Clinical Education Building Seminar Room**

Broadmeadows Hospital Diabetes Study Day 2020

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| **About the Program**  This multi-disciplinary study day aims to build upon existing knowledge and skills in the care and management of patients with diabetes in the clinical environment. This will enable participants to deliver best practice, high quality care in both the acute and subacute setting.  Proposed topics include:   * Managing hypo/hyperglycaemia in multiple clinical situations * Pharmacological management of diabetes * Insulin pen skill station refresher * Understanding ketones, troubleshooting and management * Nutritional requirements for patients with diabetes * Management of the high risk foot in patients with diabetes   **Dates:**  Thursday 23rd April 2020  Possibility of a second study day in the second half of the year.  **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 Closing date will be Thursday April 2, 2020  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 |