< Study Day Title Here>

Central Venous Access Device (CVAD) 2020 Workshops

**Course time: 0815 – 1615**

**Location: NCHER Level 1, Lecture Theatre 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **About the Program**  This full day interactive workshop provides nurses with a comprehensive overview of the current trends and management principles of Central Venous Access Devices (CVAD’s).  Proposed range of topics and practical workshops include:   |  |  | | --- | --- | | * PICC lines: * Central Lines: * Implanted Port: * Dialysis catheters: | Principles of care, Dressings, Troubleshooting, Medication Administration and Blood Sampling  Access, Maintenance and Management  Accessing, De-accessing, Heparin locking  Current management principles |   **Due to the practical nature of the workshop, numbers are strictly limited to 20 participants**.  **Please tick your attendance date:**   |  |  | | --- | --- | | Thursday 20th February  Thursday 12th March  Wednesday 13th May  Thursday 2nd July | Register by: 6th February 2020  Register by: 27st February 2020  Register by: 29th April 2020  Register by: 18th June 2020 |   **Course Fees**  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 dates as above  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 |  | | **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:** click here  **Expiry Date:** Click here  **CCV number:** Click here. | | | **Card holder name:** Enter text.  **Signature:** Enter text. | | **Date:** Enter date | |   **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 * 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 handwriiten or not completed correctly will be returned** |