< Study Day Title Here>

**Course times: 0900-1630**

**Lecture theatre 2 & Simulation lab**

**NCHER**

Advanced NeoResus

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| **About the Program**  Advanced neonatal resuscitation program is a multidisciplinary course which comprises of a theoretical (web based) learning component and a practical (skills based) training program.  Prior to attending the study day the pre-reading and pre-quiz need to be completed, links to these resources will be emailed out to you when your place is confirmed. The study day will commence with a lecture, followed by a session of first response simulation scenarios where the principles of initial resus of a newborn will be practiced. Followed by advanced neonatal resuscitation teaching and practice via a lecture, skills stations and scenarios.    Tuesday 31st March (registration by 15th March)  Thursday 10th September (registration by 23rd August)  **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 <Education Advisors to enter closing date>  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 |