< Study Day Title Here>

**Thursday 25th June 2020**

**08.00 – 16.00**

**NCHER Level 1, Lecture Theatre 1**

Occupational Violence & Aggression

|  |
| --- |
| **About the Program**  This seminar aims to build upon existing knowledge and skills surrounding the issue of occupational violence & aggression. Upon completion of the seminar participants will have an increased confidence in the management of a range of complex behaviours, & conditions as well as legal & ethical considerations when addressing occupational violence & aggression.  Proposed topics include:   * Intellectual disabilities / ATSD * Mental Health * Ethical Considerations * Substance Abuse * Aged Care Considerations * Customer Service – addressing challenging behaviours   **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 date is Thursday June 11, 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 |