< Study Day Title Here>

**Registration Time 0815 & Course Time 0830-1630**

**SIM labs, NCHER, Level 1**

Advanced NeoResus

|  |
| --- |
| **About the Program** Join us for a workshop covering advanced resuscitation practices for the newborn.The day will consist of:* Theory lecture
* Group scenarios
* Skills stations (intubation, ETT taping & Umbilical Catheterisation)

Suitable for practitioners who care for or respond to the sick neonate. Please tick attendance date: [ ]  8th May registrations close 1st May [ ]  5th September registrations close 18th August**Course Fees**Northern Health Medical Staff: $100.00 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration** Complete this form and return it to EducationEnquiries@nh.org.au by closing date as aboveStudy 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 or **8468 0751 / 8468 0777** if you have not received an email within 1 week of sending your registration form |