< Study Day Title Here>

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

**SIM labs, NCHER, Level 1**

Advanced NeoResus

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| **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 |

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| **Registration**  Complete this form and return it to [EducationEnquiries@nh.org.au](mailto:EducationEnquiries@nh.org.au) by closing date 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:** 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 |