The Centre for Palliative Care Research and Education

Advanced Practice in Palliative Care Workshop

an event to inform and challenge clinicians

'Psychosocial Considerations for Palliative Care'

Thursday 15th February 2018

9am – 4pm

(speakers from 9.30am)

Education Centre, Royal Brisbane & Women's Hospital

Audience:

Health care professionals of all health disciplines with an established knowledge and understanding of palliative care and end of life practice are invited to register to attend.

The day aims to refresh knowledge and explore aspects of care relevant to clinical practice and the care of people with life-limiting conditions, their families and care givers.

Full program will be available closer to the date

Reservations are essential.

Register and pay for this workshop using the "fax back" form attached.

Video conferencing may be offered to a limited number of regional Queensland Health sites.

For Enquiries:
Kym Griffin
Ph: 07 3646 6938
E: kym.griffin@health.qld.gov.au

or
Rosaleen Matters
Ph: 07 3646 1449

Contact CPCRE
to discuss your interest
to video conference.
Restrictions apply

Registrations close 4pm Friday 9th February 2018

Queensland Government

Queensland Government

Centre for Palliative Care Research and Education

MN HHS Royal Brisbane and Women's Hospital ABN No. 18 496 277 942

CENTRE for PALLIATIVE CARE RESEARCH and EDUCATION

Advanced Practice in Palliative Care
Education Centre, Royal Brisbane & Women's Hospital

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REGISTRATION FORM / TAX INVOICE WHEN PAID

YOUR DETAILS: Please complete a new form for each delegate. Photocopy this form as required

Title _____ **First Name** _____ **Surname** _____

Job Title _____ **Discipline** _____

Organisation _____ **Address** _____

_____ **Postcode** _____

Telephone _____ **Fax** _____

E-mail _____
(Please ensure email details are correct – CPCRE can acknowledge registration by email only)

Please detail any special dietary requirements _____

Hospital and Health Service Requirements

☐ Yes – I have completed the necessary requirements of my organisation to participate in Professional Development activities during work hours (e.g. Leave forms)

Disclaimer

For promotional purposes, photographs may be taken. Your registration constitutes permission for the Centre for Palliative Care Research and Education to use your picture in promotional materials. Please contact CPCRE if you would like to discuss this further.

Fax No: 07 3646 7942

Or email to cpcre@health.qld.gov.au

Or Post:

Centre for Palliative Care Research and Education
Level 7, Block 7
Royal Brisbane and Women's Hospital
Herston Qld 4029

For payment enquiries:
Rosaleen Matters
Director's Secretary
Ph: 07 3646 1449
Email: cpcre@health.qld.gov.au

Payment Details: Queensland HHS staff: **$60 (no GST – if department/manager paying)**
$66 (inc GST – if paying independently)

Non-Queensland HHS staff: **$66 (inc GST)**

Please complete payment details carefully. There will be no refunds for non-attendance.

OPTION 1 - Queensland HHS staff only (if supported by your Manager)

Cost Centre Number _____ Department _____

Name Cost Centre Manager _____ Position _____

Signature of Cost Centre Manager (or delegate) _____ Ph Number _____

OPTION 2 - All other payments **CHEQUE** ☐ ****phone CPCRE so a place can be held while waiting cheque payment**

Payment by: **Mastercard** ☐ **Visa** ☐ **AMEX** ☐ Card No. _____

Cardholder's Name _____ Contact No._____

Amount: ___ $ 66 _____ Signature _____ Card Expiry Date _____

Name to be printed on Receipt: _____