

Application Form Procedural Pain Workshop 2010 Royal Children's Hospital

Location: 7th floor, Southeast Building Room 5
Time: 0800-1600 hours



Aim of the workshop

To enable health care professionals to understand the principles of pharmacological and non-pharmacological management strategies for procedural related pain, distress and/or anxiety. Interactive workshop, with participants expected to work and discuss material and experiences on the day.

Dates:

Thursday 11th March Thursday 20th May
Tuesday 13th July Thursday 16th September
Thursday 28th October

Name: _____

Dept/ ward: _____

Mobile number : _____

Email address: _____

Current position: _____

I would like a copy of the pre-reading: Yes No

Agreement

I agree to participate in the Procedural Sedation Leader Workshop in 2010.

(Signature of Participant)

(Department Manager)

Please complete the form and return to:

Comfort Kids Program
7th Floor South East Building
Alternatively, fax to 9345 5606
Phone 9345 7933

comfort
kids

*Non-RCH staff: Registration fee is \$100 for full day workshop.
For payment details please contact the program organisers after registering.
Phone 03 9345 7933.*