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**VFPMS NURSing seminar**

**recognising and responding**

**to suspected chilD abuse**

**1 Day TRAINING - thursday, 20 JULY 2023**

## VFPMS is hosting a 1-day, face-to-face seminar for nursing staff.

This one day seminar is aimed for nursing staff who work within a paediatric setting.

The seminar aims to increase knowledge and understanding about mandatory reporting and recognising children who may be at harm or suspected of child abuse.

* What it means to be Mandatory reporter
* Mandatory reporting process
* Red flags to consider when suspecting a child may be at harm.
* Understanding the types of abuse; physical, sexual, emotional abuse and neglect.

**C O N T A C T**

Administration Officer

9345 9075

[VFPMS.enquiries@rch.org.au](mailto:VFPMS.enquiries@rch.org.au)

https://www.rch.org.au/vfpms

**V E N U E**

Vernon Collins Theatre

Level 1

The Royal Children’s Hospital

50 Flemington Road

Parkville Vic 3052

**C** **O S T**

$100.00

**D U R A T I O N**

1 Day - 20 July 2023

9:00am – 5:00pm

To REGISTER, complete registration form and forward to Administration Officer

[VFPMS.enquiries@rch.org.au](mailto:VFPMS.enquiries@rch.org.au)

We hope you can join us as places are limited!

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| GENERAL  INFORMATION | VFPMS NURSing seminar  recognising and responding  to suspected chilD abuse  1 Day Training – Thursday, 20 July 2023  Cost: $100.00 | | | |
| DURATION  One day: 20 July 2023  Duration: 9:00am – 5:00pm  SEMINAR COST  $100.00 (GST inclusive)  CATERING  Event will be catered.  CANCELLATION  Refunds will not be issued. Registration is transferrable if both names are provided to the VFPMS Admin Officer prior to 20/07/23.  PARKING & PUBLIC TRANSPORT  Underground car park available, fees apply.  Street parking – short term and metered parking available on selected streets.  Tram routes 55 & 59 stop outside the Royal Children’s Hospital  ACCOMMODATION  Onsite accommodation available at The Larwill Studio  48 Flemington Road, Parkville  🕾 +61 3 9032 9111 |
| **Registration Form** | | | |
| Surname |  | | |
| First Name |  | | |
| Email Address |  | | |
| Mobile Number |  | | |
| Organisation |  | | |
| Profession |  | | |
| **Seminar Fee $100.00 per person** | | | |
| Total Payable | $100.00 (GST inclusive) | | |
| **Payment Method**  Please ensure to retain a copy of this registration form for your records. A receipt will be emailed to you upon confirmation of payment. | | | |
| Credit Card  \*\*card payments incur  a 1.5% surcharge. | Visa Mastercard | | |
| Name on card |  | | |
| Card number |  | | |
| Card expiry date |  | | |
| Verification code |  | | |
| Signature |  | | |
| **Dietary Requirements** | | | |
| Vegetarian | | Vegan | Lactose Intolerant |
| Other, please specify: | | | |
| **Thank you** | | | |