**Chronic Disease Management and Healthy Ageing**

**APNA WORKSHOP**

**Registration and Price**

$220 for members and non-members

Registration fees include resources, lunch and beverages throughout the two-day workshop.

*APNA Endorsed continuing professional development event worth up to 12 hours*

Register online at [www.apna.asn.au](http://www.apna.asn.au) or fax this form to (03) 9669 7499 or mail to APNA, Level 2, 159 Dorcas Street, South Melbourne VIC 3205

For more information contact Elizabeth Stewart on (03) 9669 7400 or elizabeth.stewart@apna.asn.au

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**Program**

Designed and presented by clinical experts who understand the primary health care environment, this two-day workshop offers nurses an engaging opportunity to network and update your expertise.

**Day 1**

**Morning session:** “If only you’d do what I say!”: Facilitating behaviour change in the real world  
*Kim Poyner, Practice Nurse, Health Coach*

**Afternoon session:** Wound Management in Primary Care  
*Cheryl Frank, Clinical Nurse Consultant, Wound Management*

**Day 2**

**Morning session:** Mental Illness and Ageing: The Challenges for the Primary Health care worker  
*Joe Fishburn, Credentialled Mental Health Nurse*

**Afternoon session:** ECG: Understanding, interpreting and recognising abnormalities  
*James Brinton, Clinical Nurse Consultant Surgery*

*Please note that timing of sessions may be re-ordered if required, according to presenter availability.

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**Registration details**

- **Name:** 
- **APNA Member:** Yes [ ] No [ ] Membership No: 
- **Health Care Setting:** General Practice [ ] Community Health [ ] Aged Care [ ] Other (please specify) 
- **Organisation:** 
- **Postcode:** 
- **Nursing qualification:** RN/Div 1 [ ] EN/Div 2 [ ] Nurse Practitioner [ ] Allied Health Professional [ ] Other (please specify) 
- **Dietary requirements:** gluten free [ ] vegetarian [ ] other (please specify) 
- **Email:** 
- **Phone:** 

**Payment options**

- **Direct debit** – Paid via direct deposit on ___ / ___ / ___

  Transaction Description: 
  Please make payments to the following bank account and send in registration form: 
  **Account Name:** Australian Primary Health Care Nurses Association Inc  
  **BSB No:** 033-165  
  **Account No:** 182640

- **Credit card** – Please charge my [ ] MasterCard [ ] Visa

  **Card number:** _______ _______ _______ _______ 
  **Expiry date:** _______ / _______ 
  **CVV:** _______ 
  **Cardholder’s name:** 
  **Signature:** 

- **Cheque/money order** – Enclosed is a cheque/money order payable to APNA

  **Date of application:** ___ / ___ / ___  
  **Total (AUD):** $ _______ 

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This workshop is funded by the Australian Government Department of Health