



# Grampians Region Highway Model

OF CONTINUING NURSE & MIDWIFERY EDUCATION

## **Advance Care Plan-Training**

**Tuesday 12<sup>th</sup> December 2017 0930-1630** (Reg. 0915)

**Target Group - Registered Nurses, Enrolled Nurses & Allied Health Staff**

The Advance Care Planning (ACP) process supports patients & residents along their journey of life by initiating communication (when appropriate) about the complex issues associated with end of life care.

**Presenters:** Jade Odgers – Manager Grampians Regional Palliative Care Team  
Sharon Gibbens - Grampians Palliative Aged Care Resource Nurse

**It is mandatory that those attending complete five online learning modules prior to attending the ACP Training (totalling approximately 2 ½ hours). EMAIL registration is required by Tuesday 21<sup>st</sup> November to complete the online modules. The online modules need to be completed no later than Tuesday 5<sup>th</sup> December**

**Education Resource Centre, Queen Elizabeth Centre  
102 Ascot St Sth, Ballarat**

**Enquiries - Sarah Birtles** Ph:5320 3739 Email: [sarah.birtles@bhs.org.au](mailto:sarah.birtles@bhs.org.au)

**COST** - Nurses & Midwives working in the Public Sector within the Grampians Region: **\$60**

Nurses & Midwives working in the Private Sector or outside the Grampians Region: **\$110**

Student Nurses & Student Midwives: **\$50**

**Morning Tea, Lunch & Resources will be provided. Please advise of specific catering requirements**

**STEP 1: REGISTRATION VIA EMAIL – [CET.Administration@bhs.org.au](mailto:CET.Administration@bhs.org.au)** Enquiries: Ph: 5320 4038

**STEP 2: PAYMENT** – It is essential that you have confirmation of registration prior to payment

**Online:** Go to [www.bhs.org.au/online-payments](http://www.bhs.org.au/online-payments) – complete all details; enter **Reference Number: PO602H1735**

**Cashiers:** Located close to the Education Resource Centre, Ballarat Base Hospital

Open 0900–1700, Monday–Friday Phone: 5320 4217

Payments made to the Cashiers can be: cash, cheque, money order, EFTPos or credit card (Visa/MasterCard)



If paying by one of the following methods, please complete all sections and send with payment to:

**CET Administration, Ballarat Health Services, PO Box 577, Ballarat, 3353**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cheque or money order:** Payable to Ballarat Health Services

**EFT:**  Visa  MasterCard

Please debit my credit card for the amount of: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholders name as it appears on the card: \_\_\_\_\_

Card number: \_\_\_\_\_ Card expiry: \_\_\_\_ / \_\_\_\_

**Please note: Individual refunds & transfer of funds to another program will not be considered unless cancellation occurs more than fourteen days prior to the program. A full refund will be given if a program is cancelled.**

**REFERENCE NUMBER: PO602H1735**