Northern Health

NH Dementia + Delirium Seminar

Wednesday 28th November, 2018
Lecture Theatre, NCHER

About the Program

Northern Health is pleased to offer a comprehensive dementia and delirium seminar that covers:

- The pathophysiology of delirium and dementia including differentiating between the different types of dementia's and comparison between clinical presentation of dementia and delirium and their differing medical management options.
- Managing behaviours of psychological symptoms of dementia inclusive of best practice, non-pharmacological interventions.
- Pharmacology interventions in dementia and delirium management.
- A review of the patient journey through the plethora of dementia services available.

The seminar will be lecture based with case presentations and interactive discussion.

To Register

Please complete this form and return it to Northern Health Education, NCHER by ***Friday 16th November 2018.*** A confirmation e-mail will be sent to you when your booking is made. If you don't receive this email within 1 week of sending your form, please contact Northern Health Education as you may not have been granted a place in the program.

Time & Venue

Registration: 0800 - 0810
Program runs: 0800 - 1600
Venue: NCHER Lecture Theatres 1&2

Course Fees

Northern Health Staff: $50.00
External Staff: $120.00

Please direct all enquiries and registrations to

Northern Health Education, NCHER
ph: 8468 0751
email: EducationEnquiries@nh.org.au
Mail: 185 Cooper Street, Epping, 3076

*Northern Health will make every attempt to provide the program as outlined, however reserve the right to change or cancel the program due to unforeseen circumstances. Non attendance or cancellation after the registration closing date will not receive a refund without a medical certificate or statutory declaration. For full Terms and Conditions of registration please contact Northern Health Education.

Registration Form

Applicant Name:

Employee Number (NH staff only):

Home Address:

Postcode:

Tel: (BH) Tel: (AH)

Mobile:

Email:

Unit: _____ (Please Print

NUM / Manager to Complete (NH staff on'

Not required if coming in your own time

Name:

Work Ext. No.:

Study Leave Approved: ☐ Yes ☐ No
(if study leave approved, please advise your roster manager)

Coming in Own Time: ☐ Yes ☐ No

Signature:

Payment Details

☐ Visa ☐ Mastercard ☐ Cheque

Card Number:

Amount $: CCV: Exp. Date:

Card Holder Name:

Card Holder Signature:

Date:

Cash payments not accepted.
Payments will appear on statement as NH – Medical Services