

## EDUCATION SESSION REGISTRATION

**PLEASE NOTE:**

- Complete ALL sections of this form and return it via fax to 02 9515 6768.
- Completion of this form does not guarantee a spot in the session.
- In complete registration forms will not be accepted
- **Once registered participants will be sent confirmation via email.**

\*\* PLEASE **PRINT CLEARLY & USE BLACK PEN**, THIS INFORMATION IS USED FOR YOUR CERTIFICATE AND TO POST INFORMATION TO YOU ABOUT THE WORKSHOP.

**Which education session would you like to register for?**

COMPLETE ALL SECTIONS

Location/town/suburb of education session:	
Date of education session:	
Your FULL Name:	
Place of work:	
POSTAL Address (incl postcode)	
Daytime phone number:	
Mobile number:	
Email: (essential for confirmation)	
<b>Please indicate if you have any specific dietary needs:</b>	

1. What sector do you work in:  Residential Aged Care  Home Care Package (CACP, EACH & ACHD)  Community (GP, Home Care & Domiciliary Nursing)  Hospital  Other, \_\_\_\_\_
2. What is your health profession/discipline:  RN  EEN/EN  Aboriginal Health Professional  Personal Carer  AIN  Doctor  Allied Health \_\_\_\_\_  Other, \_\_\_\_\_
3. Are you of Aboriginal or Torres Strait Islander origin? Please tick one box  Aboriginal  Torres Strait Islander  Other
4. What is your country of birth: \_\_\_\_\_ What language do you speak at home: \_\_\_\_\_
5. How would you rate your knowledge of palliative care?  very limited  limited  moderate  knowledgeable  very knowledgeable
6. Have you completed a PEPA Supervised Clinical Placement?  Yes  No
7. Have you attended a PEPA Education Day/Workshop in the past?  Yes  No
8. Do you consent to any photograph taken of you during the workshop to be used for PEPA promotions (such as the quarterly newsletter)?  Yes  No

PLEASE COMPLETE ALL QUESTIONS - INCOMPLETE FORMS WILL NOT BE ACCEPTED

**FAX TO: 02 9515 6768 or alternatively book in online at**

<http://PEPA-NSW.eventbrite.com>