



Northern Health



# FSEP in 2014



## About the Seminars

The FSEP strives to deliver excellence in foetal surveillance and CTG education. It focuses on improving understanding, interpretation and management of the CTG and associated foetal monitoring. FSEP is supported by RANZCOG and incorporates the RANZCOG Intrapartum Foetal Surveillance Clinical Guidelines.

Recommended pre reading links will be emailed to participants.

## Venue & Time

TNH: Lecture Theatre

Registration: 8.45am (all programs)

Time: 9.00 – 4.00pm (full day programs)

Time: 9.00 – 1.00pm (half day program)

## Course Fees (full day)

NH Staff: \$50.00  
External Applicants: \$120.00

## Course Fees (half day)\*

NH Staff: \$30.00  
External Applicants: \$90.00

## To Register

Please complete the registration section of this form and return it to the Education Centre at The Northern Hospital by **the date stated below**. 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 the Education Centre as you may not have been granted a place in the program. **You must print out the confirmation email and bring it with you on the day of the workshop.**

## Please tick your attendance date

### Full Day Program

Wednesday 16<sup>th</sup> April: Register by: 2<sup>nd</sup> April, 2014

### Full Day Program

Wednesday 10<sup>th</sup> September: Register by: 27<sup>th</sup> August, 2014

### Half Day Refresher Program\*

Wednesday 3<sup>rd</sup> December: Register by: 19<sup>th</sup> November, 2014

## Please direct all enquiries and registrations to

The Northern Hospital Education Centre

ph: 8405 8732 / 8405 8733

fax: 8405 8731

email: [TNH-EducationSecretaries@nh.org.au](mailto:TNH-EducationSecretaries@nh.org.au)

Mail: 185 Cooper Street, Epping, 3076

\*Northern Health will make every attempt to provide the Workshop 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 the Education Centre. Food and refreshments are available for purchase onsite at Degani Café.

## Registration Form

(Please Print Clearly)

Applicant Name: \_\_\_\_\_

Employee Number (NH staff only): \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: (BH) \_\_\_\_\_ Tel: (AH) \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Unit: \_\_\_\_\_

### NUM / Manager to Complete (NH staff only)

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 \$: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cash payments not accepted.