

Cancer Pain Course

Course Registration Form

This is a one day interactive workshop for Clinical Nurse Educators and Registered Nurses caring for patients experiencing complex cancer pain in clinical care settings. The program uses small groups, case studies and simulation to enhance skills in cancer pain assessment and management including prescribed medications, role of syringe drivers, opioid conversions, strategies with fungating wounds and the role of Allied Health in pain management.

I am registering to attend the Cancer Pain Course commencing: _____

☐ SESLHD Registered Nurse

Subsidized by SESLHD

☐ External Registered Nurse

\$ 75 (plus GST)

First Name: _____

Last Name: _____

Work location: _____

Level/Role: _____

Postal Address: _____

Post Code: _____

Phone: _____

Email: _____

Cancellation Terms and Conditions:

Cancellations within 5 weeks of the course date will incur the full course fee. If you are applying for a refund outside the 5 week period then a full refund will be offered or the option to reschedule the course to another date.

☐ I have read, and agree to the above Cancellation Terms and Conditions.

I will be paying by:

☐ Cheque (including address and phone contact details on back of cheque)

☐ Visa / Mastercard (complete details below)

CREDIT CARD NUMBER

				(exp)		
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NAME ON CARD

AMOUNT:

\$ _____

SIGNATURE

Please return completed registration form to SESLHD-stg-clinicalskillscentre@health.nsw.gov.au

St George Clinical Skills Centre. Ph: 02 9113 2425