

# TASMANIA CHAPTER EVENT



**Date:** Saturday 2 October 2010  
**Time:** 0945 - 1545  
**Seminar:** **PROFESSIONAL DEVELOPMENT DAY**  
**Venue:** Parenting Centre, 232 New Town Road, Hobart  
**Cost:** \$20 Members / \$30 Non-members  
**Catering:** Lunch  
**RSVP:** Registration closes 29 September 2010  
**Register:** Online registration or downloadable fax-back form available at [www.accypn.org.au](http://www.accypn.org.au) and follow links to Chapter Events/Tasmania  
**More Information:** [rosiemacleavy@iprimus.com.au](mailto:rosiemacleavy@iprimus.com.au)

## PROGRAM

0945 -1000	<i>Registration and Coffee</i>
1000 - 1100	<i>Topics covered will include The Mental Health Act and Guardianship</i> Fleur Dewhurst, Medico-legal Officer, RHH
1100 - 1200	<i>The Role of the Immunization Nurse and Current Immunization Schedule</i> Maree Farquhar, RN Paediatric Unit and Immunization Nurse
1200 - 1300	<i>Post Natal Depression - Recognition and the Impact on Families</i> Kerry Paine, Family and Child Health Nurse
1300 - 1330	<b>LUNCH</b>
1330 - 1545	<i>Eating Disorder Forum</i> Julie Moulman, Eating Disorder Resource Nurse, RHH, presents inpatient and outpatient EDO stats and her role in this service  <i>Panel Discussion</i> Dr Fiona Wagg, Child Psychologist Sara Wells, Child Psychologist Julie Moulman, Eating Disorder Resource Nurse, RHH Additional Panel Members yet to be confirmed
1545	<i>Evaluation and Close</i>

*\*A Certificate of Attendance showing 5 hours of Professional Development will be given to participants*

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Please complete this form and return to:  
 Fax: 07 3319 6094 Email: [info@accypn.org.au](mailto:info@accypn.org.au) or Post: ACCYPN PO Box 7112, Canberra BC, ACT, 2610

## PERSONAL INFORMATION (please use CAPITAL letters and print clearly)

Title	Surname	First Name
<hr/>		
Postal Address	<input type="checkbox"/> Work <input type="checkbox"/> Home	
<hr/>		
Suburb	State	Postcode
<hr/>		
Contact Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	Mobile
<hr/>		
Email		
<hr/>		
Special Dietary Requirements		
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## REGISTRATION OPTIONS (please indicate Member or Non-member)

	ACCYPN Member	Non-Member	Total Due
PROFESSIONAL DEVELOPMENT DAY - <i>Saturday 2 October 2010</i>	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00	
<b>TOTAL AMOUNT PAYABLE</b>			<b>\$ _____</b>
FINAL REGISTRATION WEDNESDAY 29 SEPTEMBER 2010			

## PAYMENT DETAILS You will receive confirmation registration and a receipt for payment (to claim against personal tax)

I WISH TO PAY REGISTRATION \$ \_\_\_\_\_ via the following method:

- CHEQUE / MONEY ORDER - made payable to Australian College of Children and Young People's Nurses
- DIRECT DEPOSIT (Please fax or email a remittance. Please include your Surname as a Payment Reference when depositing)  
 A/C NAME: Australian College of Children and Young People's Nurses Bank: Westpac BSB: 034-054 A/C # 235695
- CREDIT CARD  Visa  Mastercard  PAID ONLINE VIA THE ACCYPN MEMBERSHIP CREDIT CARD PAYMENT FACILITY

Card Number: ..... / ..... / ..... / ..... Expiry Date: ..... / .....

Cardholders Name: ..... Signature: .....

## E. TERMS & CONDITIONS

Cancellation after registration will incur a cancellation fee equal to the registration fee.