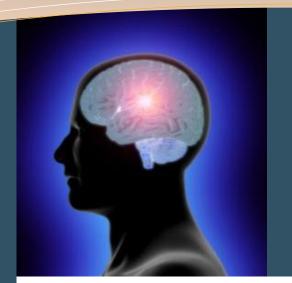
Epilepsy Queensland

2016 'Understanding Epilepsy' Workshops



Epilepsy Queensland extends an invitation to Disability Support Workers, Child Care Workers, Teachers, Nurses, Allied Health Professionals, People with Epilepsy and their Families, Carers and Volunteers to attend a workshop on 'Understanding Epilepsy', an education session on epilepsy and the administration of midazolam.

TOPICS COVERED

- Introduction to epilepsy
- Recognising the types of seizures
- Seizure management
- Minimising triggers
- First aid & emergency situations
- Intranasal & Buccal Midazolam Administration

WHERE

Epilepsy Queensland Level 2, Gabba Towers 411 Vulture Street Woolloongabba Qld 4102 (Parking in side streets)

COST

Free for people with epilepsy & direct family who are Epilepsy Queensland members

\$60 for both sessions \$40 for Understanding Epilepsy only

INCLUDES

Morning tea, resources and presentation of 'Certificate of Attendance'

Presented by **Epilepsy Queensland** To assist with the increasing number of requests for staff training, Epilepsy Queensland is offering a number of dates throughout 2016 to assist organisations with their staff development.

Thursdays

Understanding Epilepsy

(9.30 am - 12.00 pm)

Midazolam Administration

(12.00 pm - 1.00 pm)

18 February 14 July 25 August 10 March 14 April 15 September 19 May 20 October 16 June 24 November

We reserve the right to change dates/details although correct at time of printing. Separate certificates are presented for each session.

REGISTRATION

As there are limited places for each of the training sessions **BOOKINGS ARE ESSENTIAL**

Please complete and return the registration form overleaf.



PO Box 1457, Coorparoo DC Q 4151 **P** 07 3435 5000 or 1300 852 853 (Regional Queensland) **F** 07 3435 5025

E services@epilepsyqueensland.com.au www.epilepsyqueensland.com.au

Epilepsy Queensland

2016 'Understanding Epilepsy' WorkshopsRegistration Form

PLEASE RETURN THE COMPLETED FORM TO:

Epilepsy Queensland Inc PO Box 1457 COORPAROO DC QLD 4151 P 07 3435 5000 F 07 3435 5025 E services@epilepsyqueensland.com.au

PERSONAL DETAILS

Address:						
					Postcode	e:
Telephone:				Fax:		
Email:						_
Place of employmen	it (include add	dress if paying by invoice):	·			
Please tick which se	ssion/s yo	u are attending:				
□ Understanding Epile	epsy	□ Und	erstanding Epilepsy + Midazo	lam Administration		
Date attending work	shop:					(workshop dates listed on flyer)
Any special requirements/requests for inclusion in the training session:						
PAYMENT DE	TAILS					
☐ Please invoice m	y place of	WOrk (I have listed my wo	ork address above)			
☐ Please find enclosed payment of \$60 or \$40 per attendee				Total Payable \$		
☐ Free for people v	vith epileps	sy and direct family w	ho are Epilepsy Queensla	nd members		
METHOD OF F	PAYMEN	NT				
☐ Cheque	I	☐ Money Order	☐ Credit Card			
Please debit my:	[□ Visa	☐ Mastercard			
Card Number:					Expiry Date	e:
Cardholder's Name:				Signature:		
OFFICE USE ONLY						
EQI Member:	□ Yes	□ No	Donman number:		Date Ent	ered:
Invoice Number:			Date Paid:		In	itials: