

REGISTRATION FORM

Anaesthesia Simulation Courses

Please complete, sign and return to ACSC with course dates and payment choice clearly indicated. This form can be returned via post, fax or scanned and attached to an email. Please read Terms & Conditions as outlined on ACSC website www.acsc.auckland.ac.nz before proceeding. Thank you.

COURSE	DATES (Please tick to select)	COST
ACRM Anaesthetic Crisis Resource Management 1 Day	<input type="checkbox"/> 01 June 2010 <input type="checkbox"/> 05 November 2010 <input type="checkbox"/> 23 July 2010 <input type="checkbox"/> 13 December 2010 <input type="checkbox"/> 20 September 2010	\$980 (NZD) GST inclusive
Advanced PACU Post Anaesthetic Care Unit 1 Day	<input type="checkbox"/> 05 February 2010 <input type="checkbox"/> 27 July 2010 <input type="checkbox"/> 30 March 2010 <input type="checkbox"/> 12 October 2010 <input type="checkbox"/> 08 June 2010 <input type="checkbox"/> 19 November 2010	\$440 (NZD) GST inclusive
ATAC Anaesthetic Technicians Advanced Course 2 Days <i>Suitable for qualified technicians & anaesthetic nurses.</i>	<input type="checkbox"/> 02-03 August 2010 <input type="checkbox"/> 18-19 October 2010	\$695 (NZD) GST inclusive
EMAC Effective Management of Anaesthetic Crises 2 ½ Days	<input type="checkbox"/> 04-06 March 2010 <input type="checkbox"/> 28-30 October 2010 <input type="checkbox"/> 05-07 August 2010 <input type="checkbox"/> 02-04 December 2010	\$1,950 (NZD) GST inclusive
PACLS Personalised Advanced Cardiac Life Support Refresher ½ Day	Arranged on request	\$575 (NZD) GST inclusive If held at the Advanced Clinical Skills Centre
WOW Welcome to Our World <i>For non-clinical personnel seeking orientation to the peri-operative environment.</i>	Arranged on request	To be negotiated

CONTACT DETAILS

Mr / Mrs / Ms / Dr / Prof

First Name: _____ Surname: _____

Preferred Name (for name badge): _____

Address: _____

City: _____ Country: _____ Post Code: _____

Work Email: _____ Personal Email: _____

Work Ph: _____ Home Ph: _____ Mobile: _____

PARTICIPANT PROFILE (Please complete relevant information only)

Nurse Anaesthetic Technician Registrar Specialist

Other: _____

Current Site of Main Employer: _____

Private Hospital Practice YES / NO Public Hospital Practice YES / NO

Case Mix (tick as many as apply)

Trauma Cardiac Obstetrics Neuro PAEDS (<1 yr of age) PAEDS (>1 yr of age)

Nurses

Year of Initial Qualification: _____ Current Role: _____

Previous Experience (tick as many as apply)

PACU OR Pre-op Anaesthetic Assistant ED ICU Acute Ward

Other: _____

Anaesthetic Technicians

Qualified Year of Initial Qualification: _____

Trainee Years of Training: _____

Registrars

Training Scheme (please select from options below)

Anaesthesia ICU ED Other: _____ Non-training Post

Years of Training: _____

Years in Anaesthesia: 0 <1 1-2 3-5 >5

Specialists

Fellowship (please select from options below)

Anaesthesia ICU ED Other: _____

Years Since Fellowship: 0-5 6-10 11-20 20+

SPECIAL REQUIREMENTS

Some of our course content is delivered on the top floor accessed only via stairs. Please advise if this will be a problem:

YES / NO

Do you have any special dietary requirements? Please specify:

OTHER INFORMATION

Have you attended any other courses at ACSC? YES / NO

Have you attended a similar course elsewhere? YES / NO

If yes, please specify the course and where attended: _____

Please tick and specify year(s) if you have previously completed the following courses:

EMST/ATLS (Trauma): _____ ACLS/CORE/Life Support: _____

Why are you doing this course? _____

How did you hear about this course?

Colleague

ANZCA Website

ACSC Website

Advertising Email

Journal

Other _____

METHOD OF PAYMENT

Visa Mastercard

Please debit my card for the amount of \$ _____ (NZD) including GST

Card Number: _____

Card Holder Name: _____

Expiry Date: / /

Signature: _____

Direct Debit

I have paid a direct debit for the amount of \$ _____ (NZD) including GST

The University of Auckland
Bank of New Zealand
80 Queen Street

Swift Code: BKNZ NZ22

Account Number: 02 0159 0000280 00

Reference: Name and date of course

Cheque

Enclosed is a cheque for \$ _____ (NZD) including GST made payable to The University of Auckland

Invoice

Please invoice the following company / organisation for the amount of \$ _____ (NZD) including GST

Company: _____

Attention: _____

Requisition or Purchase Order Number: _____

The University of Auckland will only raise an invoice to a GST Registered Limited Liability company or organisation.

GENERAL COURSE INFORMATION

Location: The Advanced Clinical Skills Centre, Gonzaga Hall, Gate 3, Mercy Campus, 100 Mountain Road, Epsom, Auckland.

Parking: Parking is available in the side streets around Mercy Hospital (see map supplied with pre course pack).