

Nurse Assistant: Laparoscopic Surgery

Laparoscopy Nurse Assistant Course

Participants who have experience in laparoscopic surgery will be given in depth information and practice time to enable them to become proactive camera operators and first assistants in surgery.

Topics include:

- Anatomy through a telescope
- How to assist in surgery
- Electrosurgery principles and safety
- Practise manual skills using training simulators

This workshop is limited to 8 participants on a "first come first serve" basis.



www.acsc.auckland.ac.nz



**19 - 20 July
2010**

A 2 day course for theatre nurses who have a minimum of 18 months theatre experience

Convened by Julianne Wilson
*Nurse Clinician
Operating Rooms*

REGISTRATION FORM

Nurse Assistant: Laparoscopic Surgery 19 -20 July 2010

Registration is \$1,327.50 inclusive of GST and includes a reference manual and lunches. Early completion and mailing of the registration form on the right side of this brochure ensures your place.

Registration closes 18 June 2010. A decision to continue with the course will be made on this day.

Confirmation of Registration

Your registration will be recorded on receipt of your completed form and payment. A GST receipt will be sent with confirmation email within seven days.

Cancellation and Refunds

Should you need to cancel before registration close off date you may reassign your registration to another person. Please notify our Registration Officer by email.

If you are unable to organise a replacement a full refund will be forwarded to you. After this date, NO refund is made.

If this course is cancelled due to lack of applicants, registration fees already paid will be refunded in full.

For further information contact:

Registration Officer
Phone: +64 9 373 7599, ext 89304
Email: acscadmin@auckland.ac.nz

Please complete, then detach this section & return it to:
Advanced Clinical Skills Centre
The University of Auckland
Private Bag 92019
AUCKLAND

BLOCK CAPITALS PLEASE

Name:.....

Address:

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Contact Phone Number:.....

Email Address:

Any special dietary requirements?.....

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Have you attended a previous course here? **Y / N**

Please give name and date attended:.....

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FEE PAYMENT

Please note that we are unable to accept a registration without the course fee.

Fee Amount: \$

Please tick appropriate box.

Cheque
(Payable to The University of Auckland)

Please send an invoice to my institution.

Please charge my credit card.

Credit Card Details:

Visa Diners Mastercard

Card Number:

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Cardholders Name:

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Expiry Date /

Signature: