



Education Projects
The University of Queensland



**THE UNIVERSITY
OF QUEENSLAND**
AUSTRALIA



**Queensland
Government**
Queensland Health

**APPLICATION CLOSES
3rd August 2008**

Return form with payment if applicable :

HIV & HCV Education Projects
Level 5, School of Medicine
Herston Road, Herston, 4006
Queensland

Phone 07 3346 4749

Or fax to: 07 3346 4757

Application Form Hepatitis C Management Course for Health Care Workers 6 August 2008 Brisbane

"This activity will be submitted to the RACGP QA&CPD program for allocation of Category 2 points for the 2008-2010 triennium"

This course examines the emerging issues in Hepatitis C in Queensland. Topics covered include: epidemiology; pathogenesis and virology; transmission and prevention; psychosocial and quality of life issues; clinical manifestations and natural progression; treatment options; side effects; comple-

SECTION ONE: ENROLMENT CONDITION

Even though courses remain free of charge for participants from Queensland, the HIV & HCV Education Projects operates within a tight budget. Courses continue to experience a 'no show' rate (consequently courses are not full even though most courses have a waiting list), therefore all participants are asked to agree to the following condition:

- I acknowledge that an invoice for \$55.00 per day will be sent to me if I do not turn up at the course and I have not made contact with project personnel.

SECTION TWO: INTERSTATE OR OVERSEAS ENROLMENT

As the funding for the courses offered by HIV & HCV Education Projects originates from Queensland Health to educate Queensland based professionals, it has been decided that participants attending any course from interstate or overseas are required to pay a fee of \$110.00 (incl GST) to cover the added individual costs of course material.

- As an interstate or international participant, I acknowledge that I will receive a tax invoice for \$110.00 per day for attendance at this course.

SECTION THREE: YOUR DETAILS

Title _____ First Name _____ Surname _____

Postal Address: _____
Postcode: _____

Organisation: _____

Email: _____

Work Phone: _____ Work Fax: _____

Home Phone: _____ Mobile: _____
Optional

How did you find out about this course?

- Newsletter Website Email Other course comment by us
 Colleagues Other _____

SECTION FOUR: PROFESSIONAL INFORMATION

Please Tick

- Nurse Type _____ eg RN / Mental Health / Sexual Health / etc
 Medical Practitioner Type _____ eg GP / Psychiatrist / Sexual Health / etc
 Health Care Professional Type _____ eg Counselor / Physio / etc
 Other Type _____ eg Community / Ambulance / etc

SECTION FIVE: PRIVACY INFORMATION

By enrolling in this course, I understand my **name, organisation and contact work phone number** will appear in the participants list of the course folder. I also consent to the use of my contact details to:

- Inform me of future education and developments in HIV, Viral Hepatitis & Sexual Health
 via email
 via post
 I request no contact please.