



Contraceptive implant theory training for doctors – 2019

SHQ (Sexual Health Quarters)

The contraceptive implant offers women the convenience of highly effective contraceptive protection for three years. The insertion and removal techniques are easy to learn, but to minimise possible complications it is important that they are done correctly.

SHQ is pleased to offer theory training workshops for doctors to begin to become approved contraceptive implant inserters. It is highly recommended that several initial insertions and removals are performed under supervision by a competent inserter, ideally within the health professional's own workplace.

- Where:** SHQ - Lecture Theatre, (upstairs)
70 Roe St (cnr Lake St), Northbridge
- When:** Tuesday 19 March 2019
- Time:** 6.30pm – 8.00pm (*latecomers will not be admitted*)
- Cost:** \$100

3 RACGP Category 2 CME points, Activity number 140934

ACRRM points – Activity Number 13925

Registration form on reverse



QI&CPD
2017-19 Accredited Activity
Category 2



3 points



Registration – contraceptive implant theory training doctors

Minimum participant numbers apply for this training to take place.

First Name: _____ Last name: _____

Home Address inc post code: _____

Mobile: _____ Gender _____ ACRRM Number: _____ RACGP Number: _____

Workplace: _____ Work Phone: _____

Work Address inc. post code

Email address: for confirmation: _____

Registration fee: \$100.00 GST free **Date:** Tuesday 19 March 2019

Payment Method (please tick): EFT Credit Card

Paying by EFT Please email clinic.ed@shq.org.au for account details

Paying by credit card: Card Type: VISA / MASTERCARD

Name of Card Holder: _____

Card Number: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

Amount: \$ _____ Signature: _____ Date: _____

If the registered person is not paying, please enter the name of the person or organisation making payment:

Fees and Refunds Policy <http://shq.org.au/bookings-and-refunds-policy/>

Privacy Statement <http://shq.org.au/privacy-policy/>

Declaration (all applicants must complete)

I declare that to the best of my knowledge the information given in this application is correct and complete. SHQ reserves the right to withdraw my offer of enrolment at any stage during my course where false or misleading information has been provided. I have read and agree to abide by the Fees and Refunds Policy of SHQ. I understand my registration will not be confirmed until full payment has been received by SHQ prior to course.

Signature: _____ Date: _____

**To reserve your placement, please send this form together with full payment to:
Clinical Education Coordinator email: clinic.ed@shq.org.au or fax: 08 9227 6871**

This registration is a tax invoice upon payment Please keep a copy for your records.

ABN 15 275 099 026