



## IUD Theory Training – 2017

SHQ (Sexual Health Quarters)

What will be covered in the theory session:

- current information about available IUDs
- discussion about managing problems with IUDs
- practice insertions (in pelvic models)

**NB:** Practitioners who want to become competent to insert IUDs in women will require clinical supervision. It may be possible to organise this in the practitioner's own location, if there are willing IUD-competent supervisors. It may be available through SHQ (Sexual Health Quarters) Clinical Services, subject to successful completion of the Pre Clinic Assessment Form.

**Where:** SHQ - Lecture Theatre, (upstairs)  
70 Roe St (cnr Lake St), Northbridge

**When:** Tuesday 5<sup>th</sup> December 2017

**Time:** 6.30 – 9.30pm (*supper available at 6.00pm. Latecomers will not be admitted*)

**Cost:** \$100 GST free. (**Note: This training is partially subsidised by Bayer**)



**ACRRM points have been applied for**

**Registration form on reverse**

## Registration - IUD Theory Training

Minimum participant numbers apply - confirmation and pre-reading will be emailed prior to the session

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home Address inc post code: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address inc. post code  
\_\_\_\_\_

Mobile: \_\_\_\_\_ gender \_\_\_\_\_ ACRRM Number: \_\_\_\_\_ RACGP Number: \_\_\_\_\_

**Email: for confirmation/pre-reading:** \_\_\_\_\_

**Registration fee:** \$100.00 GST free    **Date:** Tuesday 5<sup>th</sup> December 2017    **Time:** 6.30-9.30pm

**Payment Method (please tick):**     EFT     Credit Card

**Paying by EFT** Please email [sonya.arcidiacono@shq.org.au](mailto:sonya.arcidiacono@shq.org.au) for account details

**Paying by credit card:** Card Type : VISA / MASTERCARD

Name of Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Amt:\$ \_\_\_\_\_    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:**

**Sonya Arcidiacono email: [sonya.arcidiacono@shq.org.au](mailto:sonya.arcidiacono@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**