

RAPID-STEPS Course

Responding Appropriately to Patients in Deterioration Simulation Training and Essential Procedural Skills

Registration Form

Nov 22nd – 24th 2017 Frankston Hospital

FIRST NAME		LAST NAME	
HOSPITAL		POSITION	
CITY		STATE	COUNTRY
CONTACT NUMBER		E-MAIL ID	
COLLEGE AFFILIATION		TRAINING STI	REAM
Have you attended the	e following	before regis	tering for this course?
BASIC Course S	Simulation C	Course Pro	ocedure Course
○ YES	YES		YES
○ NO	O NO		NO
Do you have a simula	tion lab in	your departr	nent/hospital?
○ YES ○ NO			



RAPID-STEPS Course

Responding Appropriately to Patients in Deterioration Simulation Training and Essential Procedural Skills

As part of the course, we intend to take photos for advertising ar	nd
promotion. Please indicate consent for your photo to be taken.	

○ YES ○ NO			
What do you expect to get out of this course?			
DIETARY PREFERENCE			
I consent to pay \$1,250.00 towards the registration for the			
Critical STEPS Course.	- -		
SIGNATURE	FULL NAME		

Registration is on First Come First Serve basis.

There are limited places, so HURRY!!!!

Registration will be confirmed on receipt of full payment.

Refunds will be considered under exceptional circumstances and subjected to approval by the course committee.

Registration fees:

\$1,250.00

Payment: Direct Debit ONLY Bank: Commonwealth Bank BSB: 064447 AC.10570144

Contact Details:

Company: AMAYZE Pty Ltd

ABN: 43 536 398 990

Website: www.criticalsteps.org Email: info@criticalsteps.org

Mobile: 0488 629 105

Venue:

Frankston Hospital 2 Hastings Road, Frankston VIC 3199.