

Asthma & Respiratory Management Seminar for Practice Nurses

Asthma Best Practice
for Professionals



Workshop Request Form

ORGANISATION

Host Organisation Name:		
Street address: (not PO Box)		
Suburb:	State:	Postcode:

CONTACT PERSON

Name	
Position	
Contact numbers	
Email	

PROPOSED WORKSHOP

Day of the week Dates (Max. 3 in order of preference)	1.	2.	3.
Times (Allow 6 hours, including breaks)			
Location (Suburb or town)			Postcode:
Will you be adding the optional module <i>Nurse-led Asthma & Respiratory Clinics</i> in your workshop? (1 hour of time needs to be added to the day)	Y / N		

ESTIMATED ATTENDANCE

Nurses:	Other health professionals:
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Confirmation

On confirmation of workshop date(s), formal notification will be sent to your organisation via email. Up to \$1,800 is available to assist with the costs of hosting a workshop (subject to budget approval). Expenses will be reimbursed post-event on receipt of workshop report, tax invoice and statement of expenditure.

This organisation would like to host an Asthma & Respiratory Management Seminar for Practice Nurses.

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Name

Date

Please return this form to: Phone: 03 9929 4333 / Fax: 03 9929 4300
Katie Wawrzyniak, Project Officer Email: katie.wawrzyniak@nationalasthma.org.au

Office use only

Received:

Logged: