



# ANZBA

## BURNS REHABILITATION COURSE

### REGISTRATION FORM

The ANZBA Burns Rehabilitation Course (BRC) is a one day intensive course designed to inform health providers regarding the assessment, treatment and complexity of rehabilitation of the burned patient.

The program focuses on the post-acute and rehabilitation phase of management and has been developed as a consensus course.

It covers both the physical and psychosocial aspects of burn rehabilitation and is presented within the biopsychosocial model of patient care.

The course will focus primarily on clinical reasoning, problem solving and trauma focused care within a case study format.

The BRC is aimed at all health care providers who may find themselves involved in the rehabilitation of a severely burnt patient. It will supplement existing clinical knowledge in the management of trauma patients with specific aspects and additional challenges associated with a burn injury.

A manual, outlining all aspects of the physical and psychosocial rehabilitation of the severely burnt patient, will be distributed approximately three weeks before the course. It is extremely important that the manual is read and studied prior to attending the day.

On the day there is a short lecture highlighting important aspects of the biopsychosocial burn rehabilitation. This is reinforced by small group interactive learning and skill stations, with demonstrations and discussion with experts.

On successful completion of the BRC, the candidate will receive an official certificate.

#### Note:

**The programme requires a minimum number of participants to run. The course may be cancelled if the minimum number is not reached. A full refund will be provided, or the opportunity to transfer to another course with no additional costs.**

During the Course, photographs may be taken for teaching or promotional material at conferences and/or posting on the ANZBA web site. In accordance with the Privacy Act Legislation, it is necessary to obtain consent for such publication. Please complete the box section on the registration form, if you agree to the release of photographs, should you be included in them.

#### COURSE FEE:

**AU\$350 for AHP/Nursing  
(ANZBA member & student)**

**AU\$400 for AHP and Nursing  
(non-ANZBA members)**

**AU\$500 for medical and corporate**

#### Cancellation Fees apply –

- Cancellations 4 wks to 2 wks prior to course - \$100 penalty
- Cancellations less than 2 wks prior to course - \$200 penalty
- Course date transfers - \$40 administration fee
- **No shows on the day – No refund**  
(unless valid reason – must be approved by Chairman of the ANZBA Education Committee, \$250 penalty applies)

**Refunds will only be processed upon return of the pre-reading manual.**

#### ENQUIRIES:

ANZBA Secretariat office:

Tel: (07) 3325 1030

Email: [info@anzba.org.au](mailto:info@anzba.org.au)

#### TIME & LOCATION:

Registration: 8.15 a.m.

Conclusion: 5.45 p.m.

A detailed location map will be provided with the pre-reading.

# REGISTRATION FORM – BRC

Return to: ANZBA Secretariat, PO Box 550, Albany Creek Q 4035, Australia

Email: info@anzba.org.au

## PARTICIPANT DETAILS:

Title: Dr/Mr/Mrs/Miss/Ms First Name: ..... Surname: .....

Preferred Name (to be used on name-tag): ..... Male/Female

Postal Address: .....  
..... Postcode: .....

Wk/Hm Phone:..... Mobile: .....

Email: .....

Special dietary requirements? .....

PHOTOGRAPHS :  Please tick this box, if you consent to release of photographs.

## PARTICIPANT QUALIFICATIONS & CLINICAL SKILLS:

Which of the following categories apply to you (tick appropriate box/es):

( ) Nurse (Please specify level) .....

( ) Allied Health (Please specify) .....

( ) Medical (Please specify) .....

( ) Corporate (Please specify) .....

Current place of employment (Department - Employer/Hospital/Organization):  
.....

Briefly describe previous and/or current medical work experience, outlining any burn care involvement:  
.....  
.....

Do you intend to be involved in burn care in the future? .....

.....

## Please list COURSE DATE & LOCATION:

**PAYMENT DETAILS:** Visa ( ) M/Card ( ) Cheque ( ) Payable to ANZBA

Card Number: ...../...../...../..... Expiry Date: ...../.....

Cardholder name: .....

Cardholder signature: .....

Date: ..... Amount: AU\$.....

**\*\*\* NOTE – CANCELLATION FEES APPLY – See page 1 for details \*\*\***

**I confirm that I am aware of the cancellation fee policy – pls tick**

NOTE: Your registration will not be confirmed until payment is received

Office use Only: D/base  Email conf  Manual