



### Date & Time

6.00 -9.40pm  
Thursday 6<sup>th</sup> December 2018

### Venue

GP Plus Elizabeth  
16 Playford Blvd  
Elizabeth SA 5113

Light dinner provided



### Registrations

\$45.00 per participant

To register, email the completed form to [education@sonder.net.au](mailto:education@sonder.net.au)

by Friday 23<sup>rd</sup> November 2018

This CPR course provides the knowledge and skills required to maintain the life of an unconscious patient until medical aid arrives. As an assessment requirement, this course requires participants to be able to competently perform two minutes of continuous adult CPR on the floor. Upon successful completion of this course, a Statement of Attainment is issued for the unit of "HLTAID001: Provide cardiopulmonary resuscitation".

## Learning Objectives

- DRSABCD Action Plan.
- Legal issues and infection control.
- Management of the unconscious, breathing patient.
- Management of the unconscious non-breathing casualty, using cardiopulmonary.
- Resuscitation (CPR) on an adult and infant; and the use of an Automated External Defibrillator (AED).
- Managing a choking casualty.

## Agenda

- 6:00 pm - 6:30 pm **Registration & light meal**
- 6:30 pm - 9:30 pm **Presentation** "Cardiopulmonary Resuscitation (CPR)" conducted by St John Ambulance Australia
- 9:30 pm - 9:35 pm **Questions & evaluation**
- 9:40 pm **Close**

**Cost to attend: \$45.00 per participant (non-refundable). Places are limited to 18 participants per session. Please ensure payment details are provided below to complete your registration.**

### Registration

Please email this form to [education@sonder.net.au](mailto:education@sonder.net.au) or fax to 8252 9433 by **Friday 23 November 2018**

Name \_\_\_\_\_ QICPD No. \_\_\_\_\_  
 Organisation \_\_\_\_\_ Position: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mobile \_\_\_\_\_ Email \_\_\_\_\_  
 Dietary needs    Vegetarian     Gluten Free     Other     Please specify \_\_\_\_\_

### Payment

EFT    **Bank:** NAB    **BSB:** 085-458    **Account no:** 246878833    **Account Name:** ANDGP    **Reference:** Your surname

Credit Card     Mastercard     Visa (MasterCard and Visa Cards only)

Card Number                 Expiry: \_\_\_/\_\_\_/\_\_\_    CVV: \_\_\_\_\_

Cardholder Name \_\_\_\_\_    Signature \_\_\_\_\_