



## **Implanon NXT® Theory Training for Doctors – 2018**

**SHQ** (Sexual Health Quarters)

Implanon NXT® offers women the convenience of highly effective contraceptive protection for three years. The insertion and removal techniques are easy to learn, but to minimise possible complications it is important that they are done correctly.

SHQ is pleased to offer theory training workshops for Doctors to begin to become approved Implanon NXT® inserters. It is highly recommended that several initial insertions and removals are performed under supervision by a competent Implanon inserter, ideally within the health professional's own workplace.

- Where:** SHQ - Lecture Theatre, (upstairs)  
70 Roe St (cnr Lake St), Northbridge
- When:** Thursday 16 August 2018
- Time:** 6.30pm – 8.00pm (*latecomers will not be admitted*)
- Cost:** \$100

***Registration form on reverse***

## Registration – Implanon NXT® 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: \_\_\_\_\_

Mobile: \_\_\_\_\_ Gender \_\_\_\_\_ ACRRM Number: \_\_\_\_\_ RACGP Number: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Registration fee: \$100.00 GST free      Date: Thursday 16 August 2018

Payment Method (please tick):    EFT     Credit Card

Paying by EFT Please email clinic.ed@shq.org.au for account details

Paying by credit card: Card Type: VISA / MASTERCARD

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

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

Amount: \$ \_\_\_\_\_ 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:  
Clinical Education Coordinator email: clinic.ed@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**