



EMERGENCY MANAGEMENT OF SEVERE BURNS COURSE

Numbers are limited!

EMSB

The Emergency Management of Severe Burns course teaches participants how to recognise, assess, stabilise and transfer the severely burnt patient.

The EMSB course is aimed at all health professionals who may find themselves having to care for an acute 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 emergency management of burns is 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 are a brief series of lectures highlighting important aspects in the assessment and management of the acute severely burnt patient. This is reinforced by small group interactive learning with demonstrations and discussion with experts.

Assessment is via a written examination (MCQ) and a short clinical scenario utilising a simulated patient.

On successful completion of both components of the EMSB course, the candidate will receive an official certificate.

Note:

The actual finishing time for the course is contingent on the performance of candidates in the clinical scenario. Candidates are advised that the course may finish as late as 18:00 (although typically it finishes at 17:30).

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:

ANZBA Members -

Early Bird* AU\$610.00
General Reg. AU\$660.00

Non-Members -

Early Bird* AU\$760.00
General Reg. AU\$810.00

***Early Bird:** Payment must be received before 4 weeks prior to course.

Cancellation Fees apply –

- Cancellations 4 wks to 2 wks prior to course - \$120 penalty
- Cancellations less than 2 wks prior to course - \$280 penalty
- Course date transfers - \$40 administration fee
- **No shows on the day – No refund** (unless valid reason – must be approved by Chairman of the Education Committee, \$275 penalty applies)

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

ENQUIRIES:

ANZBA Secretariat office:

Tel: (07) 3325 1030

Fax: (07) 3325 1042 **

(** Please provide email details for fax receipt confirmation)

Email: info@anzba.org.au

PHOTO:

A passport size photo MUST be provided. Electronic copy to be sent to: info@anzba.org.au. A hard-copy is acceptable if required.

TIME & LOCATION:

Registration: 7.30 a.m.

Conclusion: 5.45 p.m.

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

2019 REGISTRATION FORM – EMSB

Return to: ANZBA Secretariat, PO Box 550, Albany Creek Q 4035, Australia - Fax (07) 3325 1042

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:

() Surgical () ICU () Anaesthetics () ED () GP

() Other (please specify)

Level:

() Intern () Registrar (non-SET/unaccredited) () Registrar (SET/advanced training)

() Fellow () Consultant

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?

COURSE DATE & LOCATION:

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

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

Cardholder name:

Cardholder signature:

Date: Amount: \$.....

NOTE: Your registration will not be confirmed until payment is received.
A Tax Invoice will be issued on receipt of payment ABN: 88 054 089 520

PHOTO

Electronic photo preferred - sent to: info@anzba.org.au

A hard copy is acceptable if necessary – please place here.

Office use Only:

D/base

Email conf

Manual