



# 'Understanding Epilepsy' Workshops

## INVITATION

Epilepsy Queensland extends an invitation to **Disability Support Workers, Child Care Workers, Teachers, Nurses, Allied Health Professionals and Volunteers** to attend a workshop on 'Understanding Epilepsy' an Education Session on epilepsy.

To assist with the increasing number of requests for staff training Epilepsy Queensland is offering a number of dates throughout 2010 to assist organisations with their staff development.

» **VENUE** Epilepsy Queensland  
Level 2, Gabba Towers  
411 Vulture Street  
WOOLLOONGABBA QLD 4102  
*(Parking available in side streets)*

» **DATES/TIMES** **Mondays (12.30pm to 3.00pm)**  
18 Jan, 22 March, 24 May, 19 July, 13 Sept, 22 Nov.

**Thursdays (10.00am to 12.30pm)**  
18 Feb, 22 April, 24 June, 26 Aug, 21 Oct.

*(We reserve the right to change dates/details although correct at time of printing)*

» **TOPICS COVERED**

- Introduction to epilepsy
- Recognising the types of seizures
- Seizure management
- Minimising triggers
- First aid & emergency situations
- Resources available
- Intranasal and Buccal Midazolam Administration
- Program evaluation/Presentation of 'Certificate of Attendance'

» **COST** **\$ 20.00 for members**  
**\$ 40.00 for non-members**  
*(This includes morning/afternoon tea and resources)*

» **PRESENTERS** Education & Client Service Officer  
Registered Nurse *(for midazolam administration)*

### ~ REGISTRATION ~

As there are limited places for each of the training sessions **BOOKINGS ARE ESSENTIAL.**  
Please complete and return the registration form attached.



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## 2010 REGISTRATION FORM

» PLEASE RETURN THE COMPLETED FORM TO -

Epilepsy Queensland Inc  
PO Box 145  
COORPAROO BC QLD 4151

P 07 3435 5000  
F 07 3435 5025  
E [rsvp@epilepsyqueensland.com.au](mailto:rsvp@epilepsyqueensland.com.au)

» PERSONAL DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment *(including address if paying by invoice)*: \_\_\_\_\_  
\_\_\_\_\_

Position held: \_\_\_\_\_

Date attending workshop: \_\_\_\_\_ *(workshop dates listed on flyer)*

Any special requirements/requests for inclusion in the training session: \_\_\_\_\_  
\_\_\_\_\_

Prior training and experience relevant to this training session: \_\_\_\_\_  
\_\_\_\_\_

» PAYMENT DETAILS

Please invoice my place of work *(I have listed my work address above)*

Please find enclosed payment of \$40 per attendee *(\$20 for members)* **Total Payable \$** \_\_\_\_\_

» METHOD OF PAYMENT

Cheque

Money Order

Credit Card

Please debit my:

Visa

Mastercard

Card Number \_\_\_\_\_

Expiry date \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Signature \_\_\_\_\_

This document will be a tax invoice for GST purposes when you make payment. Cancellations within 24 hours of the event will incur the full fee  
ABN 42 025 269 961