Are you interested in developing basic advance care planning skills?

Then this workshop is for YOU! It will -

* Support you to initiate basic/uncomplicated ACP Conversations
* Explore the NZ legal framework around ACP
* Explore the ethical challenges within ACP and how might impact on your practice
* Help you capture a patient’s voice through conversations and documentation

**ADVANCE CARE PLANNING:**

**Level 1A one-day workshop**

This workshop is for any healthcare practitioner or manager interested in learning more about Advance (Future) Care Planning (ACP) and how it works.

The Royal New Zealand College of General Practitioners has awarded this training 6.7 CME credits.

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| **Level 1A workshops will be delivered by the ACP Cooperative in:** | |
| **Whakatane**  11 April 2018  8am to 5pm  Clinical School, Whakatane Hospital  Stewart Street  Whakatane | **Tauranga**  24 May 2018  8am to 5pm  Waipuna Hospice  43 Te Puna Station Road Tauranga |

## Places are limited so to get your place, complete the registration form (overleaf) and email the completed form to Ellen Fisher at [ellen.fisher@bopdhb.govt.nz](mailto:ellen.fisher@bopdhb.govt.nz)

Registrations close on 23 February 2018 for Whakatane & 4 April 2018 for Tauranga

### For any questions, contact Ellen Fisher on 027 550 7268 or at [ellen.fisher@bopdhb.govt.nz](mailto:ellen.fisher@bopdhb.govt.nz)

If you want to develop your skills in managing challenging conversations, including Advance Care Planning, we recommend completing the Level 2 Practitioner course.

**REGISTRATION FOR ADVANCE CARE PLANNING TRAINING IN THE BAY OF PLENTY**

Please complete all the fields and email the completed form to Ellen Fisher at [ellen.fisher@bopdhb.govt.nz](mailto:ellen.fisher@bopdhb.govt.nz)

If you have any queries about the training, call Ellen on 027 550 7268

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| --- | --- |
| First name |  |
| Last name |  |
| Role/position title |  |
| Preferred contact number (with area code) |  |
| Name of your (main) employer |  |
| Do you work for a Bay of Plenty District Health Board (DHB)? | Yes No |
| Which DHB area do you mostly work in? |  |
| Which workshop are you registering for? | Whakatane on 11 April Tauranga on 24 May |
| Which ethnic group do you most closely identify with? |  |
| What is your main profession? |  |
| Which health setting do you mostly work in? | Primary care Secondary Care |
| Do you work in general practice? | Yes No |
| How many years have you worked in healthcare? |  |
| Why do you believe that you would be a good candidate for this training? |  |
| Do you have your manager’s approval to attend the training? | Yes No |
| Manager’s name |  |
| Manager’s mobile phone number |  |
| Manager’s email address |  |
| Your email address for all future correspondence |  |

Please email the completed form to Ellen Fisher at [ellen.fisher@bopdhb.govt.nz](mailto:ellen.fisher@bopdhb.govt.nz)