

## ALS with HCTS is great value!

Ours is a comprehensive course!

Unlike other courses, **all** assessments are **included** in the price **and** conducted on the day.

### Awards

On successful completion of the ALS 2-Day Course you will receive:

- A certificate detailing successful completion of the course
- An **ALS badge** detailing year of course completion



### Disclaimer

HealthCare Training Service and our specialist presenters/facilitators disclaim all & any liability for the outcomes of any actions taken on the basis of any information presented at these courses, and are not accountable for any error in or omission of information presented. Whilst we make every effort to ensure the programs run as planned, we take no responsibility for any program having to be cancelled for any reason.

### Important Note

Due to the logistics of arranging presenters and allocating resources, we regret that we **cannot** accept any registrations within 10 days of the course date. Numbers are strictly limited and due to the popularity of our education programs we advise you to **register early**.

We must receive 7 days notification of cancellation of attendance at any course, a \$50 cancellation fee will apply. Cancellations will not be accepted within 7 days of a scheduled course. If you cancel your attendance within 7 days of scheduled course, your registration fee will be forfeited.



## Venue Details

### Venue for all Courses:

**Brisbane International  
Windsor**

Cnr Lutwyche Rd & Bryden St  
Windsor Qld 4030



The Brisbane International (Windsor) is located 3km from the CBD, just up the road from the Royal Brisbane & Women's Hospital. There is **FREE** undercover onsite parking available at the hotel. The two parking areas are located to left & right of the reception building. Street parking is also available. Windsor Railway Station (Ferny Grove Line) is located approximately 850m from the hotel, and can be accessed from Lutwyche Road. There are bus stops very close by (within 5 metres) making this a very convenient travel option for this venue.

Website: [www.windsorinternational.com.au](http://www.windsorinternational.com.au)

**Cancellation Policy:** Due to the popularity of our programs, your registration will only be confirmed upon receipt of a completed application form and full payment, subject to availability. We must receive seven (7) days notification of cancellation of your attendance at any course. Your registration fee will be refunded to you less a \$50 cancellation fee to cover administration & processing costs. Upon seven (7) days notification of cancellation of attendance, your registration may be transferred, with no additional cost, to a future HealthCare Training Service course within the next four (4) months, if registration numbers permit. Further, you may only transfer your registration in any program once.

**Note:** In the unlikely event that the course is cancelled, your registration fee will be returned in full. As many programs fill up quickly, participants are advised to book early to avoid the disappointment of missing out.

### HealthCare Training Service

ACN 097 268 427 / ABN 44 426 764 393  
APEC No. 050422109



HealthCare Training Service  
PO Box 426  
Albany Creek Qld 4035



Phone: 07 3325 0188 Fax: 07 3325 0388  
Email: [mail@hcts.com.au](mailto:mail@hcts.com.au) Web: [www.hcts.com.au](http://www.hcts.com.au)

## HealthCare Training Service

# Advanced Life Support 2-Day Course

Latest Resuscitation Guidelines  
covered in this course!



Semester 2  
2012

*Information for Medical Officers*

*...helping Health Care  
Professionals to help others!*

## Advanced Life Support 2-day Course

### Nationally Accredited Course

This ALS Course is coordinated by highly qualified, experienced facilitators and utilises workstations to assist the integration of theory into practice.

Come and learn in a supportive environment!



### Course Content

- Common causes of cardiac arrest
- Assessment of compromised person & review of basic life support
- Advanced airway management (competency assessment item)
- Recognising & managing life-threatening arrhythmias
- Defibrillation (competency assessment item)
- Emergency drugs
- Transcutaneous (external) pacing
- Cardiac arrest algorithms
- Megacode management - practice of arrest scenarios
- Assessment of megacode management
- Theoretical examination

**Latest Guidelines!!**

**Pre-reading material will be forwarded prior to course.**

**Dates:** August 7th & 8th 2012  
September 3rd & 4th 2012  
October 9th & 10th 2012  
November 13th & 14th 2012  
December 5th & 6th 2012

**Do you know what to do when a patient arrests? Find out the latest in best practice at this course!**

**Time:** 8.30 am - 4.00 pm

**Cost:** \$525 (GST Inclusive)

**Catering:** Morning tea, lunch & afternoon tea is provided

### Feedback from previous courses:

"Excellent course, well run!"

"The Facilitators really know their stuff. They were warm & engaging."

"The mix of theory & practical was excellent and current."

"Vital for keeping clinical skills up to day. Confidence building."

"Clinically relevant & very practical. Absolutely fantastic course!"



## Accreditation & Course Approvals

The Advanced Life Support Course conducted by HCTS has undergone a strict approval process and has achieved national accreditation status with the following professional bodies:

### ACRRM Accreditation

This activity has been accredited by the **Australian College of Rural & Remote Medicine (ACRRM)** for:

- 10 Advanced Life Support Skills PDP points
  - 30 PRPD PDP points
  - 30 PRPD Anaesthetics MOPS points
- Procedural Grant: 2 days of TRRPGP under Emergency Medicine or Anaesthetics component**



**Activity Code:** EEACR-11000-HCTS

### RACGP QI & CPD Program

This activity has been approved by the **Royal Australian College of General Practitioners (RACGP)** QI & CPD Program: **Activity No. 752378**

**Total 40 Category 1 Points (CPR inclusive)**



The information presented in the ALS Course is consistent with both the **Australian Resuscitation Council (ARC) guidelines** & **International Liaison Committee on Resuscitation (ILCOR) guidelines**.



### Complete registration form & send by:

**Post to:**  
HealthCare Training Service  
PO Box 426  
Albany Creek Qld 4035

**Fax to:**  
Fax 07 3325 0388

**General Enquires:** 07 3325 0188

**To pay over the phone:**  
Call HCTS on 07 3325 0188

**Email:** mail@hcts.com.au

**Website:** www.hcts.com.au

## Registration Details

Dr  Mr  Mrs  Ms  Miss

Name: \_\_\_\_\_  
*Please clearly **PRINT** your name as you would like it to appear on your certificate*

Name on your "Name Label": \_\_\_\_\_  
*Your first name, the name you like to be called!!*

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

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Designation: \_\_\_\_\_ Workplace: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

RACGP Number: \_\_\_\_\_

ACRRM Number: \_\_\_\_\_

**Cancellation Policy:** I have read and **understood** the cancellation policy (see over)   
**This box must be ticked before we can process your registration**

**Please register me for the ALS 2-day Course for \$525 (incl GST):**

As our courses fill very quickly, would you please choose three possible course dates (*please indicate your preferences*), we try to allocate your first preference!

	1st	2nd	3rd		1st	2nd	3rd
August 7th & 8th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nov 13th & 14th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September 3rd & 4th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dec 5th & 6th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October 9th & 10th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

### Method of Payment:

- Please invoice my workplace \_\_\_\_\_ *Workplace Name*
- Direct Bank Transfer *Please contact us for details*
- Money Order / Cheque *Please make payable to "HealthCare Training Service"*
- Visa  Mastercard *Please charge \$525.00 to my credit card*

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_