

PAP SMEAR PROVIDER MODULE FOR PRACTICE NURSES

BUNDABERG

FACILITATORS: FAMILY PLANNING QUEENSLAND

This Program is accredited with RCNA

Course Objective

To provide an opportunity for registered nurses to develop cervical screening practice skills. The workshop may also be applicable to enrolled nurses and health workers.

Course Content

To successfully complete the FPQ Pap Smear Provider Module, participants must complete the theory component and clinical attachment.

Theory Component:

Participants are required to

- attend a three-day face-to-face theory course.
- submit a completed theory workbook (to be completed within 6 months of theory component).

Clinical attachment component:

The clinical attachment is to be completed within 6 months of the theory course and can be undertaken in FPQ clinics in Brisbane, Ipswich, Toowoomba, Townsville, Cairns, and Rockhampton; other options may be negotiated for a limited number of participants. A minimum of 2-3 days' clinical supervision is required, with a minimum of 15 Pap smears performed.

Assessments:

The assessment requirements are:

1. Completion of Theory Workbook
2. Completion of Clinical Workbook
3. Demonstration of additional readings
4. Case Study

Please note: We require at least 12 registrations for this course to be held in Bundaberg. If this requirement is not met by the closing date, 16 July, the course will be cancelled.

Date:	18, 19, 20 August
Time:	8.30am to 4.30pm, morning & afternoon teas and lunch provided
Venue:	Conference Room, GP Links Bundaberg, Level 1 6 Barolin St, Bundaberg

RSVP:	Friday 16 July
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To register, please complete the registration form and return it with your payment details to GP Links Wide Bay, PO Box 2178, Bundaberg 4670 or fax to 4151 0794



REGISTRATION FORM

PAP SMEAR PROVIDER MODULE: 18 – 20 AUGUST 2010

TO REGISTER, PLEASE COMPLETE THIS FORM AND RETURN IT
TO VIVIEN CLIFT BY FRIDAY 16 JULY - FAX: 4151 0794

**PLEASE NOTE: YOUR PLACE IN THE COURSE WILL NOT BE CONFIRMED
UNTIL PAYMENT HAS BEEN MADE**

Personal Details		
Name:		
Practice:		
Address:		
Tel (Bus Hrs):	Fax:	Mobile:
Email:		
Enrolment Details		
Course Name: PSP MODULE	Location: GP LINKS, BUNDABERG	Date: 18-20 August
Payment Details: \$1010 (incl. GST)		
Please tick the appropriate box:		
<input type="checkbox"/> Cheque enclosed payable to: GP Links Wide Bay		
<input type="checkbox"/> Direct credit to account: BSB: 084-571 ACC: 167 059 530 ACC NAME: GP LINKS WIDE BAY		
<input type="checkbox"/> Credit card: Please charge my credit card \$_____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Card Number _____		
Expiry date: _____ Name on Card _____ Card holder's signature _____		
Signature:	Date:	/ /

*A TAX INVOICE WILL BE ISSUED ON RECEIPT OF PAYMENT

ABN: 13 138 320 662

general practice, **delivering better health**