

Chronic Condition Self-Management Support-

Introducing the questions that count



Monday 4th August 2014

This workshop helps you to support your patient through :-

- Increasing your skills in Chronic Condition Self-Management Support
- Providing you the NEW CCSM Support Tools Kit, which includes:-
 - CCS Cards
 - Stage of Change Finder
 - Decision Balance Chart
 - MI Starter questions
 - ICU Scales
 - Role of Self-efficacy
 - SMARTEST goal setting
 - Action Plan Chart



Self-Management Solutions



Showing you how to support your patients to increase their motivation and their level of engagement with both you and their chronic condition

Sue and Owen have:

- provided similar workshops in Qld, NSW, Victoria, Tasmania and SA
- been involved in DoHA funded projects totalling more than \$700,000 around the area of behaviour change , and falls prevention
- presented at National and international conferences in the area of
- behaviour change

For more details about Sue and Owen, please visit:
www.selfmanagementsolutions.com.au

WHERE: Rydges Gladstone
100 Goonoon St, Gladstone
TIME: 8:30am – 4:00pm
COST: \$80 (incl. GST) per person



Sue Curtis PhD, CAHRI Owen Curtis M.Ed., FESSA

This workshop is aimed at: Care Coordinator's, Practice Nurses, Aboriginal Health Workers, Allied Health Practitioners, Hospital Liaison Officers, Pharmacists or other professionals who are working with people who are diagnosed with Chronic condition/s other than GPs.

CONTACTS:

Stella Doyle
Senior Indigenous Health Officer
P: 49217754 | F: 4927 2977

Karen Mills
Indigenous Health Manager
P: 49217748 | F: 4927 2977

Chronic Condition Self-Management Support-

Introducing the questions that count



Monday 4th August 2014

REGISTRATION



For more information or to register please complete the form below and send to:

Stella Doyle

Email: sdoyle@cqmedicarelocal.com or Fax: 07 4927 2977

REGISTRATION FORM	
Name of Attendee:	
Workplace:	
Postal Address:	
Phone:	
Email:	
Payment Method:	<input type="checkbox"/> Invoice: Name of Invoice recipient: _____ <input type="checkbox"/> Credit Card (please fill in details below)
Please debit my credit card for the amount of \$80.00	
Name on card: _____	
Expiry Date: ____/____	
Card Number: _____	
CSV: _____	
Card Holder Signature: _____	
Dietary Requirements:	

PLEASE NOTE: Payment must be paid in full prior to attending workshop

Cancellation Policy: All cancellation notices must be submitted in writing to Stella Doyle at sdoyle@cqmedicarelocal.com, notice received by CQML by **Friday 1st August 2014** (inclusive) will receive a full refund of registration payment. After this date no refunds will be given.

