

## A YARN ABOUT PALLIATIVE CARE REGISTRATION FORM

**DATE:** Thursday 30 October 2014

**VENUE:** North Street Annex – Corner North and West Streets, Rockhampton

**TIME:** 9:00am – 3:00pm

I would like to register for the one-day seminar.

**This is a free event** - morning tea and lunch will be provided.

For more information on palliative care education for health professionals, phone 3646 1449  
or visit [www.health.qld.gov.au/cpcrc](http://www.health.qld.gov.au/cpcrc).

(PLEASE PRINT CLEARLY)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Organisation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Do you require a special diet? If so, please name: \_\_\_\_\_

Do you identify as any of the following: (please tick as appropriate)

- ☐ Aboriginal   ☐ Torres Strait Islander   ☐ Aboriginal and Torres Strait Islander   ☐ Born overseas  
☐ None of the above

Do you speak a language other than English at home? \_\_\_\_\_

**Please send this completed form to:**

Darryl Lingwoodock

Indigenous Project Officer - PEPA

**Fax: 07 3646 7942**

**Email:** [darryl.lingwoodock@health.qld.gov.au](mailto:darryl.lingwoodock@health.qld.gov.au)