



## Australian Falls Prevention Project for Hospitals and Residential Aged Care Facilities

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An Australian Council for Safety and Quality in Health Care initiative  
in association with Queensland Health

# Teleconference Registration Form

**If you would like to help develop Australian Falls Prevention Guidelines for Hospitals and Residential Aged Care Facilities, please complete this registration form and return by e-mail, post or fax (details below).**

Title:  Mr  Mrs  Ms  Dr  Other (please specify):

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

Postal address: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Place of work: \_\_\_\_\_

Sector:  Public  Private

Setting:  Hospital  Residential aged care  Other

Position:  Management  Clinical (please specify) :

I am from a rural  / remote  area of South Australia

I am registering for the following:

Teleconference  Wednesday 7 July  
11:30 pm – 12:30 pm

**Please register by close of business Monday 5 July.**

**Thank you for your registration.**

**Registrations will be confirmed and further details provided.**