



Australian Falls Prevention Project for Hospitals and Residential Aged Care Facilities

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

Consultation Workshop 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: _____

Location: Metropolitan Rural

Sector: Public Private

Setting: Hospital Residential aged care Other

Position: Management Clinical (please specify) :

I am registering for the following workshop:

Workshop Wednesday 2 June
12 pm Lunch for 12:30 pm start – 4:30 pm finish
Stamford Plaza Hotel
150 North Terrace
Terrace 1, 2nd Floor

Attendance is free and lunch and afternoon tea will be provided.

Travel to and from the workshop and parking is your own responsibility.

Please identify if you have any special dietary requirements: _____

Please identify if you require wheelchair access: _____

Please register by close of business Monday 31 May.

Thank you for your registration. Registrations will be confirmed.