

**General Practice SA presents**

**A 2 DAY ORIENTATION PROGRAM FOR PRACTICE NURSES**

**Orientation Program for Practice Nurses  
New to General Practice**

Topics covered in the program:

**Professional Practice**

- Primary health care and the Australian health care system
- Nursing Standards, competencies and guidelines

**Provision of Clinical Care**

- Clinical assessment and health checks
- Triage
- Wound Management
- Immunisation

**Management of Clinical Systems**

- Data Collection/Clinical Audit Tool
- Medical Director/Zed Med

**Collaborative Practice**

- Information management in general practice

**\*\* NEW DATES \*\***

Date: Thursday 15 July & Friday 16 July 2010

Time: 10:00am to 4:00pm

Venue: Adelaide Pavilion Veale Gardens, South Terrace, Adelaide

*To secure your place, please fax the following registration form to  
Donna Mackereth on (08) 8271 8344 by Friday, 11th June 2010.*

*If you require further information, please contact Donna at:  
donna.mackereth@gpsa.org.au or (08) 8179 1725.*

**Orientation Program for Nurses New to General Practice**

General Practice SA Inc

First Floor 66 Greenhill Road, Wayville, SA 5034

ABN 70 462 693 761

Name: \_\_\_\_\_

Division Name: \_\_\_\_\_

Name of the General Practice where you are employed: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Specific Dietary Needs: \_\_\_\_\_

Orientation Program for Practice Nurses  
New to General Practice



## Registration Form

### Orientation for Practice Nurses New to General Practice

15<sup>th</sup> and 16<sup>th</sup> July 2010  
10:00am – 4:30 pm

Adelaide Pavilion, Veale Gardens, South Terrace Adelaide

Please return by Fax to Donna Mackereth on 08 8271 8344

<b>Name:</b>	
<b>Day time Contact Phone Number:</b>	
<b>Email Address:</b>	
<b>Postal Address:</b>	
<b>Are your currently working in General Practice?</b>  <b>If Yes please provide the name of the Division your General Practice is a member</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Division:</b>
<b>Are your a Registered Nurse or Enrolled Nurse</b>	Registered Nurse <input type="checkbox"/>  Enrolled Nurse <input type="checkbox"/>
<b>Professional Qualifications, please include other training undertaken (i.e. Asthma, Diabetes)</b>	
<b>Please indicate specific dietary needs</b>	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date