



EMERGENCY LIFE SUPPORT (ELS) COURSE APPLICATION FORM

Surname: _____ Other Names in Full: _____

Postal Address: _____

_____ State: _____ Postcode: _____

Contact Numbers: Business () _____ Private () _____

Fax () _____ Mobile () _____

Email _____

I am prepared to travel interstate for the course: Yes No

Have you previously attended an ELS Course? Yes No

EDUCATION:

Year of Graduation: _____ University: _____

Qualifications: _____

Postgraduate Emergency Care Training or Experience: (eg. in Emergency Departments, Anaesthetics, or ICU)

CURRENT POSITION: (please tick)

- RMO
- CMO / HMO
- GP Registrar (Rural Pathway)
- Registrar
- Rural General Practice
- Metropolitan General Practice
- Other _____
(please specify)

If you are a Registrar, please state type and level of training _____

What are your reasons for applying to do the ELS course?

What is the nature of your current involvement in the care of seriously ill patients?

CERTIFICATION:

Participants will receive a *certificate of attendance* at the end of the course provided they have fulfilled all of the course requirements.

These requirements are:

Attendance.

- Attendance of all sections of the course in their entirety.

Multiple Choice Questions

- Completion of the multiple-choice questions.
- A pass mark will not be given.
- No record of performance will be kept by the ELS Course Office.

Clinical Scenarios

- Participation in two clinical scenarios.
- Individual verbal feedback on performance will be given at the completion of each scenario.
- Instructors will also complete a written feedback sheet for each participant for each scenario undertaken.
- There will be no mark recorded on the feedback sheet.
- The ELS Course Office will not keep any record of these sheets.

Participation in the ELS Course is a valuable educational experience.

At the completion of the course participants will have had exposure to the skills and knowledge necessary to provide a foundation for building a safe and effective emergency practice.

Receiving a *certificate of attendance* at the completion of the course does not guarantee or provide any formal guide as to the level of skill or clinical capacity of the course participant.

COURSE FEE:

The ELS course is a non-profit organisation and your course instructors are donating their time and expertise free-of-charge.

The break-even cost to run the ELS Course is \$(AUS)1498 (GST inclusive) per participant. This amount is due for payment ten (10) weeks prior to the course. The ELS Course Committee of Management reserves the right to adjust course fees if the need arises.

Once the course fee has been received, the course manual and pre-course package will be posted approximately six (6) weeks prior to the course.

REFUND OF COURSE FEE:

All requests for a refund of the course fee must be submitted in writing to the ELS Course Office.

1. A full refund will be given provided written notice is received at least seven (7) weeks prior to the Friday preceding the course.
2. No other refunds will be given unless a doctor already on the ELS Course Waiting List is prepared to take your place in the course.

Applicant's Signature: _____ Date: _____

Please return your completed application form to:

ELS Course Office
PO Box 316
TAMWORTH NSW 2340

Fax: (02) 6760 9743

Please keep the ELS Course Office informed of any change of address