More Information

This course is designed to be an interactive workshop that enables participants to discuss issues they are concerned about, or may have encountered, when caring for a client/resident at end of life.

The course facilitators and guest presenters are experienced clinicians and educators who provide education to the wider community, across many settings.

For further information, education requests and/or brochures, please contact us.

Telephone 1300 130 813

E-mail training@epc.asn.au

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About the Course

This course provides Personal Care Attendants (PCAs) working in aged care facilities, disability or other community care providers, with an introduction to palliative care.

It explores the comprehensive needs of people at the end of life and their families, and gives an overview of some common issues that confront clients and carers on a day-to-day basis.

The course incorporates guidelines for a palliative approach to care.

Topics include the following

- Aims and Philosophy of Palliative Care/ Palliative Approach
- Advance Care Planning
- Common Palliative Care Symptoms
 - » Fatigue
 - » Pain
 - » Nausea and vomiting
 - » Bowel and urinary symptoms
 - » Breathlessness
 - » Nutrition and Hydration
- Grief and Loss
- Communication Skills
- Dying Process and End of Life Care

2020 Course details

One day course

Cost \$180.00 per person [including GST]

Cost includes handouts of presentations, activity sheets, morning/afternoon refreshments & lunch.

Course 1 Thursday 16 April 2020

8.45am - 5.00pm

* Registration by 2 April 2020

Course 2 Thursday 10 September 2020

8.45am - 5.00pm

* Registration by 27 August 2020

Venue Details

Eastern Palliative Care Training Room Level 1, Building 2 630 Mitcham Road Mitcham Victoria 3132

Telephone 1300 130 813

Enter EPC via Redland Drive. All day parking available on Premier Avenue.



A certificate of attendance is presented to each attendee on completion of the course.

* No registration on the day

Payment is required to confirm booking.

Application Form

Name*	
Telephone* E-mail* Place of Employment* How did you hear about the course?* Do you have any dietary requirements?	
□ PCA Course 1 □	PCA Course 2
Total Due*	\$
Method of payment*	
	Mastercard □ AMEX der [payable to Eastern Palliative Care]
Cardholders name	
Company [if applicable]	
Address [if different]	
Credit Card number	
Expiry date	
Signature	

Please detach and return this section to:

Eastern Palliative Care PO Box 2110 Rangeview Victoria 3132

*Required