# **APNA Chronic Disease Management and Healthy Ageing Program**



REGISTER NOW

#### WHAT IS THE PROGRAM?

The CDM & HA program has been designed to incorporate five key components to assist your learning, allowing you to tailor the aspects of the program to work for you. Read all about the program at apna.asn.au/education/cdmha

## **HOW DOES IT WORK?**



Register: Sign up for APNA's CDM and HA program - 12 months of fun and learning!



APNA Online Learning: Complete the suite of suggested online learning in your own time, at your own pace.



# Follow up:

Call our Nurse Support Line with your querieswe're here to help! APNA will also check in during the program.

#### Self assessment:

An online survey that will help identify your current knowledge, and any areas for improvement.

#### Workshop:

Attend an interactive, engaging, and motivating one day workshop.

Discussion forum: Learn from and inspire your peers on the Facebook group-APNA will provide hot tips here too.

#### THE WORKSHOP

WHERE: WNSW PHN Office 187 Brisbane St Dubbo, NSW

DATE: Friday 23 August, 2019

# One day workshop | Up to six CPD hours

Registration includes self-assessment, online learning and discussion forum, totalling more than 50 CPD hours.

8:30am to 5pm (8:00am registration)

APNA member and non-member: \$200

For full terms and conditions please see our website.

The Chronic Disease Management and Healthy Ageing program has funded by the Australian Government Department of Health.

### YOUR DETAILS

lame:
OB:/ APNA Member Number (if applicable):
mail:Phone:
lealth Care Setting: □ General Practice □ Other
Organisation: Postcode:
Jursing qualification: □ EN □ RN □ Nurse Practitioner □ Other
Career stage: ☐ recent grad ☐ experienced nurse, new to primary health care
experienced nurse, skilled in primary health care
Dietary requirements/special needs:
•
PAYMENT
oin APNA today for ongoing support after completion of the program!

☐ Yes, \$294 ☐ No, thank you Registration: \$...... Promo code: ..... TOTAL (AUD): \$...... Promo discount: \$.....

☐ Please debit my credit card MasterCard/Visa

Card number:

CVV L\_\_\_\_ Expiry date: L\_\_\_\_\_

☐ I have paid via direct deposit on....../...... referencing my first and last name in the transaction description.

BSB: 033 165 Account number: 182 624 Account name: APNA

Signature: ..... Date:...../.....