

2009 | Sports First Aid Course

Based around a sporting environment, this Sports First Aid course will give participants the skills and knowledge required to manage common sports injuries and illnesses.

Structured for flexible learning, this course enables you to cover the theory content in your own time, via an on-line course 'Get SMART' (Sports Medicine Awareness & Response Training) prior to attending the First Aid course, which has been condensed to just one day!

This course is ideal for coaches, parents, athletes, managers or club officials, in fact, anyone with an interest in first aid and keeping sport safe!

Topics include:

- Transport of the Injured Athlete
- Basic Life Support (CPR)
- Common Sports Injuries
- Bleeding & Skin Injuries
- Medical Conditions

...and more!



2009 Course Information

Course A: Sun 8th February

Course B: Sun 29th March

Course C: Sun 14th June

Course D: Sun 18th October

Time: 8.30am - 5.30pm

Venue: FJ Clarke Lecture Complex
QE II Medical Centre
Sir Charles Gairdner Hospital
Caladenia Loop
NEDLANDS

Cost : **\$135.00 per person**

- includes access to Get SMART (on-line course), course manual, materials, resources, three year national certification and GST.

Register on-line!

www.smawa.asn.au

For further information:

Sports Medicine Australia (WA Branch)
PO BOX 57 CLAREMONT WA 6910

Ph: (08) 9285 8033

Fax: (08) 9284 9239

Email: info@smawa.asn.au

To confirm your registration, full payment **MUST** be received by SMA prior to course commencement.

Registrations close 10 days prior to course commencement.

Course must have a minimum of 15 participants.
Cancellations will incur a \$20 administration fee.

Title: Mr Mrs Ms Miss Other _____ D.O.B: ____/____/____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Please enrol me for the following course:
 Sun 8th Feb Sun 29th March Sun 14th June Sun 18th Oct

SMA Membership type:
 Non Member Full Associate Student Sports Trainer Sports Care

How did you find out about this session?
 School/Uni Club/Organisation Flyer Healthy Club Sponsorship
 SMA Email Friend/Colleague SMA website Other: _____

What is your current Occupation? _____

Students: (please specify)

Educational institution: _____

Field of Study: _____ What year are you in? _____

What sport are you involved with? _____

 What is your main role in this sport? (please tick **one** only)

 Coach Manager Player/Athlete Trainer/First Aid Other: _____

Payment Details: Amount: \$_____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Invoice**	
Card Number: _____ / _____ / _____	Expiry Date: _____ / _____
Name on card: _____	

**** Please invoice my Club/School :**

Invoice authorised by: _____	
Phone: _____	Email: _____
Postal Address: _____	
Purchase Order No. (if applicable) _____	

Office Use only:

Amount: \$ _____	Receipt No.: _____	Date: _____
Invoice No: _____	Date: _____	Course Code: _____

Registrations close 10 days prior to course commencement.

 Please send this form with payment to:
 Sports Medicine Australia (WA Branch)
 PO Box 57 CLAREMONT WA 6910
 Fax: 9284 9239