

# 2010

# SPORTS FIRST AID COURSE



## Part of SMA'S "Safer Sport" Program

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

Structured for flexible learning, this course enables you to cover the theory content in your own time via our online course 'Get SMART' (Sports Medicine Awareness & Response Training) prior to attending the First Aid Course.

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!



<u>Course Information</u>	<u>Cost</u>
Course A: Sun 7 <sup>th</sup> February Course B: Sun 7 <sup>th</sup> March Course C: Sun 13 <sup>th</sup> June Course D: Sun 17 <sup>th</sup> October	\$140 per person <i>- includes access to Get SMART (online course), 3 year national certification and GST</i>
Time: 8.30am - 5.30pm	All participants receive: - Course manual - SMA sling bag - Triangular bandage - Injury resources
Venue: FJ Clarke Lecture Complex Sir Charles Gairdner Hospital NEDLANDS	Participants can receive a Statement of Attainment in HLTFA301B Apply First Aid ( <i>which incorporates HLTCP201A - Perform CPR &amp; HLTA201A - Provide Basic Emergency Life Support</i> ) for an additional \$10 pp.

## REGISTER ONLINE: [www.smawa.asn.au](http://www.smawa.asn.au)

### Contact:

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

Ph: (08) 9285 8033  
Fax: (08) 9284 9239  
Email: [info@smawa.asn.au](mailto: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.



Department of Sport and Recreation



First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

I would like to enrol in the following course: *(please tick)*

- (A) Sun 7<sup>th</sup> February (61002F)       (B) Sun 7<sup>th</sup> March (61005F)   
 (C) Sun 13<sup>th</sup> June (61008F)       (D) Sun 17<sup>th</sup> October (61012F)

I would like a Statement of Attainment (\$10): Yes  No

How did you find out about this session?

- School/Uni     Club/Organisation     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: \_\_\_\_\_

<b>Payment Details:</b> Amount: \$ _____					<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card number:	/	/	/		Expiry date: /			
Name on card:								

**Office Use only:**

Amount: \$	Receipt No.:	Date:
GS ID:	GS PW:	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