

Allied Healthcare Professionals Study Day 2010 Rehabilitation for Children and Young People with Cancer

Tuesday 21 September 2010

Venue:	The Education and Conference Centre, Stewart's Grove, SW3 6JJ
Audience:	A study day for Allied Healthcare Professionals.
Aim:	To provide allied healthcare professionals working with children and young people with an overview of rehabilitation for children and young people with cancer.
Cost:	£95 per delegate. Hospice and group discounts available For further information call 020 7808 2921 or email conferencecentre@rmh.nhs.uk

Programme

09.10	Registration
09.30	Chair's opening remarks—Welcome and introduction
09.40	Clinical Overview of Paediatric Cancers Speaker to be confirmed
10.30	Return to school / education Bette Petersen-Broyd, Lead Teacher The Royal Marsden NHS Foundation Trust
11.00	Tea / Coffee
11.30	Cerebellar Mutism following posterior Fossa surgery Miranda Loveday, Clinical Specialist Speech & Language Therapist Kings College Foundation Trust Hospital, London
12.10	Parent / Young Persons perspective—Interview
12.45	Lunch
13.30	Nutritional needs of children & young people with cancer Louise Henry, Senior Dietitian, The Royal Marsden NHS Foundation Trust
14.00	Rehabilitation in Palliative Care Liz Rowen, Senior Occupational Therapist, Newcastle Children's Hospital
14.35	Comfort break
14.50	Non-pharmacological management of cancer-related fatigue Catriona Ogilvy, Senior Occupational Therapist, The Royal Marsden NHS Foundation Trust
15.25	Acute rehabilitation following limb salvaging surgery Speaker to be confirmed
16.30	Closing remarks

2010 Study Day Programme



AHP Study Day

Event ID: 179 Date: 21/09/2010

Please complete details clearly in block capitals as this information is used to prepare event materials.

PERSONAL

Prof/Dr/Mr/Ms/Mrs/Miss: Surname: _____

First Name: _____ Male/Female

Job Title: _____

Company _____ Town: _____

Full Postal Address: (Please specify whether home [] or work [])

Postcode: _____

Day Tel: _____ Fax: _____

Email: _____

PAYMENT

In order to be registered for the event, full payment of the course/conference fees must be made with your application, unless an organisation is paying on your behalf.

A 50% fee will be charged for cancellations made within 4 weeks of an event. Bookings for which payment has not been received prior to the event may be cancelled.

PAYMENT BY CREDIT CARD OR CHEQUE

I enclose the sum of **£95.00** by cheque made payable to "The Royal Marsden NHS Foundation Trust" **or** by credit / debit card (Visa / Mastercard / Switch only)

Credit Card / Switch Card No:

[] []

Expires: [] [] [] [] Valid: [] [] [] []

Issue no.: [] [] [] []

Security No. (Last 3 digits on back of card) [] [] []

Name of Cardholder: _____

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Address of Cardholder (if different from above)

PAYMENT BY INVOICE

INVOICES: If your employer has **agreed** to pay your fees and an invoice needs to be sent, it is **ESSENTIAL** that you give full details below of the **contact name**, department and full postal address. If any information is missing, **your application will not be processed.**

APPROVAL: If your application form needs to be approved by your finance/personnel department, please ensure that it is processed and forwarded to us quickly. It is your own responsibility to ensure that your application is approved by your employer and forwarded to this office. We regret that we cannot do this for you.

Purchase Order Number (if required) _____

Contact name of whom the invoice should be addressed to:

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Direct dial tel no: _____

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GENERAL

Special dietary/other requirements:

For safety reasons, please tick if you:

Use a wheelchair &/or would require personal assistance if the building needed to be evacuated

APPLICANT'S DECLARATION:

Data Protection Act 1998: I agree to The Royal Marsden NHS Foundation Trust processing personal data contained on this form, or other data which may be obtained from me or other people or organisations whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at The Royal Marsden NHS Trust events, or my health and safety whilst on Trust premises or for any other legitimate purpose. I agree to the terms and conditions above and confirm that payment for this event is enclosed/will be made in full before I attend.

Please tick if you do not agree to your email address being used to advise you of forthcoming events which may be of interest

Signature: _____

Date: _____

Please return this form to the Conference Office, Education and Conference Centre, The Royal Marsden NHS Foundation Trust, Stewarts Grove, London, SW3 6JJ

Email conferencecentre@rmh.nhs.uk Fax 020 7808 2334
Visit www.royalmarsden.nhs.uk/studydays for online booking and further information