



THE WHOLE CHILD

Professional Development Series

**YOU DON'T HAVE TO BE A PSCQ
MEMBER TO ATTEND!**

COST: \$15 pp/session (GST-free)
FOR TARGET SERVICES
(SERVICES RECEIVING CCB ARE CONSIDERED TARGET)
NON-TARGET: \$30 pp/session (inc. GST)

**All sessions
6.00pm—8.00pm**

These are information sessions for children's services professionals to explore new ideas, theory, practice, and experiences on a variety of topics including behaviour, sensory processing, learning and play.

These sessions will also provide an opportunity for networking with other childcare professionals.

These are multidisciplinary professional support activities facilitated by the Allied Health Team at Child & Family Health Service. The Rockhampton Allied Health team includes Occupational Therapists; Speech Pathologists and other child and family health professionals.

Session One Introduction to dealing with developmental difficulties in the early years.	Wed 14 April Mon 24 May	Rockhampton Yeppoon	Rockhampton Plaza Hotel, 161-167 George St Keppel Bay Sailing Club, Anzac Parade
Session Two Communication	Wed 12 May Mon 28 June	Rockhampton Yeppoon	Rockhampton Travelodge, 86 Victoria Parade Keppel Bay Sailing Club, Anzac Parade
Session Three Social Interaction	Wed 16 June Mon 26 July	Rockhampton Yeppoon	Rockhampton Travelodge, 86 Victoria Parade Keppel Bay Sailing Club, Anzac Parade
Session Four Attention and Learning	Wed 14 July Mon 23 August	Rockhampton Yeppoon	Rockhampton Plaza Hotel, 161-167 George St Keppel Bay Sailing Club, Anzac Parade
Session Five Behaviour and Motivation	Mon 11 August Mon 04 October	Rockhampton Yeppoon	Rockhampton Plaza Hotel, 161-167 George St Keppel Bay Sailing Club, Anzac Parade
Session Six Sensory Perception and responses	Wed 15 September	Rockhampton	Rockhampton Plaza Hotel, 161-167 George St
Session Seven Physical Development	Wed 13 October	Rockhampton	Rockhampton Plaza Hotel, 161-167 George St
Session Eight Indigenous health	Wed 17 November	Rockhampton	Rockhampton Travelodge, 86 Victoria Parade

APPLICATION MUST BE RECEIVED BY: 7 days prior to event SESSION ATTENDANCE MAY BE LIMITED

ATTENTION! HOW TO APPLY TO BE A PART OF THIS EVENT

PLEASE FILL IN ALL FIELDS OF THE APPLICATION TABLE OVERLEAF AND FAX TO (07) 3237 1497
FOR MORE INFORMATION ON THIS EVENT PLEASE CALL (07) 3234 1715

THE WHOLE CHILD

Professional Development Series

April, May, June, July, August, September, October, November

6.00pm—8.00pm

Rockhampton

Yeppoon

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PSCQ DOES NOT CONFIRM REGISTRATIONS. WE RECOMMEND YOU CALL 1800 112 585 AFTER SUBMITTING APPLICATION, AS PSCQ WILL NOT BE RESPONSIBLE FOR ATTENDANCE OPPORTUNITIES LOST DUE TO APPLICATIONS NOT BEING RECEIVED.

PSCQ: CENTRAL WEST FITZROY — THE WHOLE CHILD — APR/MAY/JUN/JUL/AUG/SEP/OCT/NOV

Name/s	PLEASE PRINT NAMES CLEARLY, AS THESE ARE USED ON ATTENDANCE CERTIFICATES	
Organisation	_____	
Service Type	(PLEASE CIRCLE) Long Day Care OSHC FDC In-home care Occasional care ISA Other	
I WISH TO ATTEND:	ROCKHAMPTON: <input type="checkbox"/> APR 14 <input type="checkbox"/> MAY 12 <input type="checkbox"/> JUN 16 <input type="checkbox"/> JUL 14 <input type="checkbox"/> AUG 11 <input type="checkbox"/> SEPT 15 <input type="checkbox"/> OCT 13 <input type="checkbox"/> NOV 17 YEPPOON: <input type="checkbox"/> MAY 24 <input type="checkbox"/> JUN 28 <input type="checkbox"/> JUL 26 <input type="checkbox"/> AUG 23 <input type="checkbox"/> OCT 4	
Postal address	_____	
Town/suburb	_____	Postcode _____
E-mail	_____	
Phone	_____	Fax _____
Do you have any dietary, disability, allergy or other needs?	_____	Total Amount Payable: _____
Do you have any specific questions you would like addressed at this event?		

✂ PLEASE FAX COMPLETED REGISTRATION FORM BEFORE DETACHING THIS SLIP

PSCQ: CENTRAL WEST FITZROY — THE WHOLE CHILD — APR/MAY/JUN/JUL/AUG/SEP/OCT/NOV

HOW TO APPLY TO BE A PART OF THIS EVENT

<p>IF PAYING BY CREDIT CARD:</p> <ul style="list-style-type: none"> • COMPLETE ALL FIELDS OF THE CREDIT CARD PAYMENT FORM BELOW. • FAX YOUR COMPLETED APPLICATION TO 07 3237 1497. <u>DO NOT</u> POST THE ORIGINAL COPY OR DUPLICATION OF PAYMENT MAY OCCUR • A RECEIPT WILL BE SENT TO YOU ONLY ON REQUEST <p>WE DO NOT ACCEPT CREDIT CARD PAYMENTS BY PHONE</p>	<p>IF PAYING BY CHEQUE OR MONEY ORDER:</p> <ul style="list-style-type: none"> • FAX YOUR COMPLETED APPLICATION TO 07 3237 1497 • DETACH THIS SLIP AND POST REMITTANCE ADVICE WITH CHEQUE OR MONEY ORDER MADE OUT TO: HEALTH & COMMUNITY SERVICES WORKFORCE COUNCIL, TO ADDRESS: GROUND FLOOR, 303 ADELAIDE ST, BRISBANE, QLD, 4000. YOUR CERTIFICATE WILL NOT BE ISSUED UNLESS THIS SLIP IS RECEIVED • A RECEIPT WILL BE SENT TO YOU ONLY ON REQUEST
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REMITTANCE ADVICE

PAYMENT TYPE: CREDIT CARD CHEQUE MONEY ORDER AMOUNT PAYABLE: \$ _____

YOUR NAME: _____ ORGANISATION NAME: _____

CREDIT CARD NUMBER: _____ EXPIRY DATE : _____ / _____

NAME ON CARD: _____ PHONE NUMBER: _____

CARD TYPE: VISA MASTERCARD OFFICE USE ONLY: YEPPOON: 1894- MAY 24 1896- JUN 28 1903- JUL 26 1909- AUG 23 1912-SEPT 27 ROCKHAMPTON: 1892-APR 14 1893- MAY 12 1895- JUN 16 1897-JUL 14 1904-AUG 11 1910-SEPT 15 1923-OCT 13 1924- NOV 17

Application form will become a tax invoice on payment; monies to be received prior to attendance. No refunds will be given without written notification of cancellation or substitution at least 7 days before the activity. "No Shows" will be charged the full registration fee. No payments can be accepted at the event.

FIND OUT MORE INFORMATION ABOUT ALL THINGS PSCQ AT WWW.PSCQ.ORG.AU or call 1800 112 585



The information provided by you on this form is collected by the Workforce Council for the purposes of recording participant data for reporting purposes. Information identifying individuals will not be released to a third party except where required by law or requested by your employer, where your employer has paid for this activity. For further information refer to the Workforce Council's Confidentiality Policy at www.workforce.org.au