



## Cardiopulmonary Specialty Group

### CPD Seminar

# Overview of Tracheostomy care with multi-disciplinary approach

Date:	8 Feb 2018 (Thur)
Time:	6:30pm – 8:30pm
Venue:	Rm 901, Rightful Centre, 12 Tak Hing Street, Jordan, Hong Kong
Target Participant:	Physiotherapists
Course Fees:	CPSG member \$50 HKPA member \$100 Non HKPA member \$600
CPD points / code:	Pending
Deadline for application:	<b>25 Jan 2018</b>
Capacity:	30
Enquiry:	Mr. Eyckle Wong 97382630 (mobile) <a href="mailto:ikowong@yahoo.com.hk">ikowong@yahoo.com.hk</a> (e-mail)

## Content

Time	Topic
6:20pm – 6:30pm	Registration
6:30pm – 7:00pm	Overview Of Tracheostomy Care With Multi-Disciplinary Approach - <i>Dr Felix T Y LAU, Associate Consultant (Tuen Mun Hospital)</i>
7:00pm – 7:30pm	Role Of Speech Therapist In Tracheostomy Care - <i>Ms Ivy WONG, Speech Therapist (Tuen Mun Hospital)</i>
7:30pm – 8:00pm	Nursing Role In Tracheostomy Care - <i>Ms L S CHAU, Nurse Consultant (Tuen Mun Hospital)</i>
8:00pm – 8:30pm	Role Of Physiotherapist In Tracheostomy Care - <i>Ms Pamela CHAN, Physiotherapist I, (Prince of Wales Hospital)</i>



**HONG KONG PHYSIOTHERAPY ASSOCIATION LIMITED**  
**香港物理治療學會有限公司**

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## Overview of Tracheostomy care with multi-disciplinary approach

### Application Form

Name: (BLOCK LETTERS)	Working Place:
Mobile Phone:	Email: (compulsory)
Mailing Address:	
Membership:	<input type="checkbox"/> CPSG (HK\$50) Membership No. _____ <input type="checkbox"/> HKPA (HK\$100) Membership No. _____ <input type="checkbox"/> Non HKPA (\$600)
Cheque No. :	Bank:
Source of obtaining the course information <input type="checkbox"/> Email <input type="checkbox"/> Web <input type="checkbox"/> Mail <input type="checkbox"/> Others _____	

- \* All individual cheque should be payable to "Hong Kong Physiotherapy Association Limited".
- \* Please write the following items at the back of the cheque: (i) name of applicant, (ii) name of activity, (iii) HKPA membership no. (if applicable) and (iv) contact phone no

Please send the completed application form and personal crossed cheque (please do not staple the cheque) to:  
**Ms. Eva Chun, Physiotherapy Department, G/F, Day Treatment Block & Children Wards, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, NT**

#### Special Weather Arrangement:

When Tropical Cyclone Warning Signal No. 8 (or a higher number) and/or Black Rainstorm Signal is hoisted, the following arrangements will apply:

For classes & examinations have not yet started

If Typhoon Signal No.8 and/or Black Rainstorm Signal is in force 2 hours before the course, the course will be cancelled.

For classes & examinations that have already started

When Typhoon Signal No.8 or above is hoisted - Classes immediately suspend.

Only successful applicants will be notified by email five days before the lecture. Fee paid are not refundable regardless of whether applicants have attended classes or not, unless the enrolled course is full or in exceptional circumstance deemed acceptable by HKPA.

#### Legal Claim Waiver Consent<sup>#</sup>

In consideration of HKPA Ltd. accepting my registration to this course, I hereby agree to waive all my claims (howsoever accrued) against HKPA Ltd.

Signature: \_\_\_\_\_ Name of Registrant: \_\_\_\_\_

Date: \_\_\_\_\_

# Please sign the above consent before submitting your registration