

NICOTINE ADDICTION & SMOKING CESSATION TRAINING COURSE 2018

19 - 21 June 2018

Gain in-depth knowledge and skills in nicotine addiction and smoking cessation to work in primary and allied healthcare as a tobacco treatment and smoking cessation specialist.

Hosted by A/Prof Renee Bittoun (Founding Editor-in-Chief of The Journal of Smoking Cessation) along with other experts in the field of smoking cessation. A/Prof Bittoun has been teaching this course for over 15 years, regularly updating the content and has many years of experience in clinical practice and professional training regarding smoking cessation.

Topics: Causes, consequences, treatment and research of smoking cessation, nicotine addiction and appropriate evidence based smoking cessation techniques in practical application. Our aim is to improve the implementation and evaluation of programs in smoking cessation. This three day course includes a USB stick with course materials and a certificate of attendance is awarded on completion.

Dates:
19 - 21 June 2018
23 - 25 Oct 2018
Time: 9am - 5pm

Location:
Woolcock Institute of
Medical Research
Level 5
431 Glebe Point Rd
Glebe NSW 2037

Cost:
\$1,870 incl GST
Catering provided

***Please note all courses must be paid in full before attending. We require 7 days notice prior to the event if you have to cancel your attendance. The attendance fee is non-refundable if the minimum 48 hours is not given.**

RSVP
One week before event
*Places are limited.
Registration essential.*

Contact
T 02 9114 0441
F 02 8088 3818
info@woolcock.org.au

431 Glebe Point Road
Glebe NSW 2037
www.woolcock.org.au

REGISTER ONLINE:

<https://smokingcessationjune2018.eventbrite.com.au>

Please choose one of the following dates:

19-21 June 2018 23 -25 Oct 2018 (advanced course)

Alternatively please complete the form below and return by email info@woolcock.org.au or fax (02) 8088 3818. Please contact us if you require an invoice.

Title: _____ **First Name:** _____ **Surname:** _____

Institution/Address: _____

_____ **Postcode:** _____

Position: _____ **Qualifications:** _____

Work phone: _____ **Fax:** _____

Mobile: _____

Email: _____

Special Requirements (i.e. dietary, physical): _____

Payment Details

Name on Credit Card: _____ **Card type:** _____

Number: _____

EXP: _____ / _____ **CSC:** _____

Receipt will be provided on payment

How much smoking cessation intervention do you currently undertake?

None A little Most of the time Dedicated

How did you hear about this course?

Mail Woolcock Website Word of Mouth Eventbrite

Email Fax Other _____