

Supported by the Faculty of Child and Adolescent Psychiatry

Physical Health Update for Child & Adolescent Psychiatrists

Updating your knowledge and skills

Tuesday 5th April 2011 Leeds • Thursday 9th June 2011 London
Thursday 6th October 2011 Birmingham

9.00am	Registration & Refreshments
9.30am	Course starts
4.30pm	Close

Developed by a multi-professional team, this course has been designed to respond to requests for a physical health update course for psychiatrists working in Child and Adolescent Services (both in-patient and out-patient settings). A team of speakers will guide you through the latest developments and treatments for a range of conditions that have physical health implications for children, including neurology and psychopharmacology.

The afternoon programme will focus on more practical areas of assessing physical problems.

Topics include:

- An introduction to physical health problems in children and young people
- An overview of neurological problems that may present to a child psychiatrist
- Management of medication including the physical consequences of psychiatric medication
- Dealing with physical health issues in in-patient and emergency psychiatric settings including when to refer and red flag signs
- A physical examination refresher
- Practical advice on safeguarding children including looking for alarm bells and tell tale signs
- Physical consequences of eating disorders

Course fee: £200.00 including course materials, refreshments and lunch.

Accreditation: This course is eligible for 6 CPD hours subject to peer group approval.

Who should attend? Child and adolescent psychiatrists of all levels.

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How to book

Fax: Complete and fax this registration form to **020 7235 7976** OR **Post:** a completed copy of this form to Programme Administrator • Education and Training Centre • Royal College of Psychiatrists • 17 Belgrave Square, London, SW1X 8PG

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Your Details:

(please complete a separate form per delegate)

Title: _____ First name: _____

Surname: _____

Job title: _____

Department: _____

Organisation: _____

Work address: _____

_____ Postcode _____

Email: _____

Tel: _____

Fax: _____

RCPsych Membership No: _____

Please specify any dietary requirements: _____

Other special requirements (eg. disabled access): _____

Course fee:

£200 per delegate including course materials, refreshments and buffet lunch.

Confirmation of registration:

All registrations will be confirmed in writing. Late registrations will be confirmed by fax. A map of the venue will be sent with confirmation of your booking.

Applicants are advised not to book travel/accommodation until written confirmation from The Royal College of Psychiatrists (RCPsych) has been received.

The RCPsych reserve the right to change the programme without prior notice. Where for any reason beyond its reasonable control, the RCPsych cancels an event, the liability of the RCPsych shall be limited to a refund of the fee payable to the RCPsych for that particular event.

Accreditation:

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Accommodation:

DeSouza Associates provides a delegate hotel accommodation booking service. Contact by email on info@desouza-associates.com, via website www.desouza-associates.com or by telephone on 01252 722 185.

Cancellations/substitutions:

To be entitled to a refund all cancellations MUST be received in writing no later than 2 weeks prior to the event date. An 80% refund will be given if cancelled 4 weeks or more prior to the event and 50% refund if less than 4 weeks notice is given. No refund will be given if cancellations are received within 2 weeks before the event. Should you be unable to attend, a substitute delegate is welcomed.

Payment

THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES

BY CHEQUE A cheque for £ _____ made payable to: **The Royal College of Psychiatrists** is enclosed.

CREDIT CARD

Please enter your credit card details as they appear on the card.
Please debit my VISA /MASTERCARD/SWITCH CARD
(delete as appropriate)

Cardholder's name: _____

Home address: _____

Card no:

Start date: _____ Expiry date: _____

Issue No (Switch only): _____ 3 digit security number: _____

Signature: _____

This information will be destroyed following payment process