

## Caregivers' Training Programme (Palliative Care)

Who should attend? Caregivers looking after patients under palliative care.				
CONTENTS				
<ul style="list-style-type: none"> <li>* Basic Infection Control</li> <li>* Transferring of Patient</li> <li>* Oral Care</li> <li>* Tube Feeding</li> <li>* Care of Urinary Catheter</li> </ul>	<ul style="list-style-type: none"> <li>* Care of Personal Hygiene:               <ul style="list-style-type: none"> <li>- Bed Bathing</li> <li>- Hair Washing</li> <li>- Skin Care</li> <li>- Bed-making</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>* Symptom Management</li> <li>* Managing Emergencies @ Home</li> <li>* Massage</li> <li>* Communication</li> <li>* Sharing Session</li> </ul>		
<p>The Caregivers' Training Programme is pre-approved for the Caregiver Training Grant (CTG) by the Agency for Integrated Care (AIC).            A first survey is conducted at the end of the training. Our staff will contact you <u>two</u> weeks after you have attended the programme to conduct the second survey. The surveys will take approximately <u>five</u> minutes to complete.            We thank you for your understanding and cooperation.            ** A co-payment fee of \$10 will be collected to cover training material which includes a comprehensive guidebook and light refreshments.            MAXIMUM OF <u>THREE</u> PERSONS PER FAMILY PER CLASS.</p>				
VENUE	CLASS	DATE	DAY	TIME
HCA Bedok Centre Blk 23 Bedok South Ave 1 #01-759 Singapore 460023 Tel: 62437569	Class 20	4-May-19	Saturday	12.00 - 5.30pm
HCA Hougang Centre - Ci Yuan Blk 662 Hougang Ave 4 #01-411 Singapore 530662 Tel: 63153771	Class 21	11-May-19	Saturday	12.00 - 5.30pm
HCA Woodlands Centre Blk 672 Woodlands Drive 71 #01-77 Singapore 730672 Tel: 67671255	Class 22	18-May-19	Saturday	12.00 - 5.30pm
HCA Hospice Care 705 Serangoon Road Block A #02-01 @ Kwong Wai Shiu Hospital Singapore 328127 Tel: 62512561	Class 23	25-May-19	Saturday	12.00 - 5.30pm
<p><b>IMPORTANT:</b> Please bring along <u>photocopies</u> of NRIC and/or Work Permit Card (both sides) on day of training.            ** HCA will be claiming \$110 per participant (cap at \$200 p.a. per care recipient) from AIC after the training.</p>				
Language: English		Fee: \$10 Registration Time : 12.00 - 12.30pm		
Class No.:	Phone: 6251 2561		Fax: 6291 1076	

NAME as in IC \_\_\_\_\_  
 IC /FIN No: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_  
 Contact No: \_\_\_\_\_

NAME as in IC \_\_\_\_\_  
 IC /FIN No: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_  
 Contact No: \_\_\_\_\_

Registration fee - Receipt No: \_\_\_\_\_

NAME as in IC \_\_\_\_\_  
 IC /FIN No: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_  
 Contact No: \_\_\_\_\_

Name of Patient: _____
HAH No: _____

Name of Nurse: \_\_\_\_\_

## 看护培训课程 [安宁护理]

谁该上此课程? \* 照顾病患的看护者

### 课程内容

- \* 学习预防与控制传染的基本方法
- \* 学习扶抱和移动病人的技巧
- \* 学习口腔护理
- \* 学习喂食管进食的护理常识
- \* 学习导尿管的护理常识

- \* 学习维持个人卫生:  
如何替卧床的病人洗澡、洗发及护肤;整理床铺

- \* 常见的病症处理法
- \* 家中紧急症状处理法
- \* 简易按摩手法
- \* 沟通技巧
- \* 分享经历

此看护者培训课程获得护联中心 ( Agency for Integrated Care, AIC) 预先批准可享有  
看护者培训津贴 ( Caregiver Training Grant, CTG) 。

课程结束后将进行一次意见调查。我们的工作人员会在课程结束的两个星期后联络您并进行第二次的意见调查。

有关意见调查只需大约五分钟来完成。

感谢您的合作与谅解。

\*\* 我们将收取10元的共同支付费以提供培训教材 ( 包括一本综合指南) 和茶点招待。  
每户家庭可让三名 ( 顶限 ) 成员上此课程。

地点	课程编号	课程日期	时间
慈怀(勿洛)护理中心 大牌 23 勿洛南1道 #01-759 邮区号码 460023 电: 62437569	课程 20	4-May-19 星期六	12.00 - 5.30pm
慈怀(后港)护理中心-茨园 大牌 662 后港4道 #01-411 邮区号码 530662 电: 63153771	课程 21	11-May-19 星期六	12.00 - 5.30pm
慈怀(兀兰)护理中心 大牌 672 兀兰71通道 #01-77 邮区号码 730672 电: 67671255	课程 22	18-May-19 星期六	12.00 - 5.30pm
慈怀护理 实龙岗路 705 号 大牌 A #02-01 广惠肇留医院 邮区号码 328127 电: 6251 2561	课程 23	25-May-19 星期六	12.00 - 5.30pm

注: 请自备身份证或工作准证复印件 ( 双面 ) 。此文件需在培训当日递交。

\*\* 慈怀户理将从AIC为每位受训者申请\$110的补助津贴(每名病患者可接受每年高达\$200的资助)

语言: 英语

课程费: 10元

登记时间: 12.00 - 12.30pm

课程编号:

请拨电: 6251 2561

传真: 6291 1076

参与者姓名: 1 \_\_\_\_\_

参与者姓名: 2 \_\_\_\_\_

身份证/外籍证件号码: \_\_\_\_\_

身份证/外籍证件号码: \_\_\_\_\_

参与者与病人的关系: \_\_\_\_\_

参与者与病人的关系: \_\_\_\_\_

联络号码: \_\_\_\_\_

联络号码: \_\_\_\_\_

参与者姓名: 3 \_\_\_\_\_

身份证/外籍证件号码: \_\_\_\_\_

参与者与病人的关系: \_\_\_\_\_

联络号码: \_\_\_\_\_

病人姓名 \_\_\_\_\_

HAH No: \_\_\_\_\_

报名费 - 收据编号: \_\_\_\_\_

护士姓名: \_\_\_\_\_