

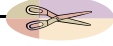
## Caregivers' Training Programme (Palliative Care)

<b>Who should attend? Caregivers looking after patients under palliative care.</b>		
<b>CONTENTS</b>		
* Basic Infection Control	* Care of Personal Hygiene:	* Symptom Management
* Transferring of Patient	- Bed Bathing	* Managing Emergencies @ Home
* Oral Care	- Hair Washing	* Massage
* Tube Feeding	- Skin Care	* Communication
* Care of Urinary Catheter	- Bed-making	* Sharing Session
<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.  <b>MAXIMUM OF THREE PERSONS PER FAMILY PER CLASS.</b></p>		

VENUE	CLASS	DATE	DAY	TIME
HCA Hospice Care 705 Serangoon Road Block A #02-01 @ Kwong Wai Shiu Hospital Singapore 328127 Tel: 62512561	Class 32	13-Jul-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 33	27-Jul-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 34	10-Aug-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 35	24-Aug-19	Saturday	12.00 - 5.30pm

**IMPORTANT:** Please bring along photocopies 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.**

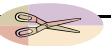
Language: English Fee: \$10  
Registration Time : 12.00 - 12.30pm  
Class No.:  Phone: 6251 2561 Fax: 6291 1076

**NAME as in IC** 

IC /FIN No: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Contact No: \_\_\_\_\_

**NAME as in IC** 

IC /FIN No: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Contact No: \_\_\_\_\_

**NAME as in IC**

IC /FIN No: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Contact No: \_\_\_\_\_

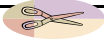
<b>Name of Patient:</b> _____
<b>HAH No:</b> _____

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

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

## 看护培训课程 [安宁护理]

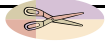
谁该上此课程? * 照顾病患的看护者				
课程内容				
<ul style="list-style-type: none"> <li>* 学习预防与控制传染的基本方法</li> <li>* 学习扶抱和移动病人的技巧</li> <li>* 学习口腔护理</li> <li>* 学习喂食管进食的护理常识</li> <li>* 学习导尿管的护理常识</li> </ul>		<ul style="list-style-type: none"> <li>* 学习维持个人卫生: 如何替卧床的病人洗澡、洗发及护肤;整理床铺</li> </ul>		<ul style="list-style-type: none"> <li>* 常见的病症处理法</li> <li>* 家中紧急症状处理法</li> <li>* 简易按摩手法</li> <li>* 沟通技巧</li> <li>* 分享经历</li> </ul>
<p>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) 。</p> <p>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。</p> <p><b>** 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。</b></p>				
地点	课程编号	课程日期	时间	
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 32	13-Jul-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 33	27-Jul-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 34	10-Aug-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 35	24-Aug-19 星期六	12.00 - 5.30pm	
<p><b>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。</b></p> <p><b>** 慈怀护理将从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)</b></p>				
语言: 英语		课程费: 10元		
课程编号:		登记时间: 12.00 - 12.30pm		
		请拨电: 6251 2561		传真: 6291 1076

参与者姓名: 1 

身份证/外籍证件号码: \_\_\_\_\_

参与者与病人的关系: \_\_\_\_\_

联络号码: \_\_\_\_\_

参与者姓名: 2 

身份证/外籍证件号码: \_\_\_\_\_

参与者与病人的关系: \_\_\_\_\_

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: \_\_\_\_\_