



PRECEPTORSHIP FOR HEALTH CARE PROFESSIONALS AND NURSES

▼ DATE

13 September 2017
(Wednesday)

▼ TIME

9:00am - 5:00pm

▼ VENUE

International Medical University,
Bukit Jalil, Kuala Lumpur,
Malaysia

▶ KEYNOTE SPEAKERS ◀



A/Prof Dr Er Hui Meng
Associate Dean,
Teaching & Learning,
International Medical University



Prof Shahid Hassan
IMU Centre for Education,
International Medical University



A/Prof Ho Siew Eng
Head,
Division of Nursing,
International Medical University

This one day workshop will cover topics which are essential for effective preceptorship. Group work in the form of discussion will provide opportunity for the participants to share experiences and/or discuss issues or challenges pertaining to precepting.

OBJECTIVES

- To foster value added skills towards an effective preceptorship in the clinical environment
- To integrate the roles and responsibilities of preceptors in a complex healthcare environment

TARGET AUDIENCE

Healthcare personnel performing preceptor role or intending to precept in any clinical setting within the healthcare services.



REGISTRATION FEE (inclusive of GST)

Regular

RM180

CONTACT US

SECRETARIAT

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REGISTRATION FORM

SURNAME / LAST NAME:

FIRST NAME:

NATIONALITY:

GENDER: MALE FEMALE

TITLE: MR MRS MS PROF DR

OTHER:

ORGANISATION:

DEPARTMENT:

POSITION:

TEL NO: ()

FAX NO: ()

MOBILE PHONE NO:

ADDRESS:

POSTCODE:

CITY:

STATE:

Please indicate whether this is your office or home address: ORGANISATION HOME

EMAIL:

ORGANISATION'S WEBSITE (IF ANY):

ARE YOU AN IMU ALUMNI MEMBER? YES NO

DIETARY NEEDS/PREFERENCE: VEGETARIAN NON-VEGETARIAN

REGISTRATION FEE *(inclusive of GST)*

REGULAR: RM180

MODE OF PAYMENT

PLEASE TICK YOUR OPTION:

CASH

CHEQUE* (for Malaysian banks only)

CREDIT CARD I hereby authorise the processing of my card for the sum of (RM):

Please complete the following sections. These details are required for security purposes.

TYPE OF CARD: VISA MASTERCARD ISSUING BANK:

CARDHOLDER'S NAME (as it appears on the card):

CARD NUMBER:

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CARD SECURITY CODE (3 digits found on reverse Visa / Mastercard)

BANK DRAFT* BANK OF ISSUE: DATE: TOTAL AMOUNT (RM):

* Payable to IMU Education Sdn Bhd

CANCELLATION POLICY

1. Any cancellation of registration must be made in writing to the Secretariat of Preceptorship for Health Care Professionals and Nurses.
2. There will be a 30% refund of registration fee for cancellation made before 30 August 2017.
3. There will be no refund of registration fee for cancellations made after 30 August 2017.
4. The Organiser reserves the right to cancel or change the topic of the workshop, if for whatever reasons beyond its control, the workshop cannot be held as scheduled or the topics need to be altered.

DECLARATION AND AUTHORISATION

1. I confirm that the above information is correct and I will inform IMU when there is any change to this information.
2. I have read, understood and consent to the processing of my personal data as set out in the enclosed Privacy Notice.

Signature

Date

DISCLAIMER:

The organiser reserves the right to make such alterations to the programmes as circumstances dictate and will not accept responsibility for any errors, omissions or changes made to the speakers' information. The views and opinions expressed by the speakers at this workshop are not necessarily the views and opinions of the organiser.