

## **BUILDING RESILIENCE IN MEDICINE**

## BRIM – 22<sup>nd</sup> September 2018

VENUE: College House (RACGP) 15 Gover Street, North Adelaide

| REGISTRATION FOR MID LIFE DOCTORS   |                                     |
|---|-------------------------------------|
| Full Name:  |                                     |
| Place of Work:  |                                     |
| Craft Group:  |                                     |
| Best Email Contact:   |                                     |
| Gender: Please 🗹  | Female 🗆 Male 🗆 Prefer not to say 🗆 |
|   | Prefer to self-describe             |
| Age: Please   | 35-44 🗆 45-54 🗆 55-64 🗆             |
| Mobile Phone:   |                                     |
| Dietary Requirements:   |                                     |
|   |                                     |
| PRE-WORKSHOP INFORMATION  |                                     |
| What are <b>two outcomes</b> you<br>would like to gain from the<br>Workshop?                                    | 1.                                  |
|   | 2.                                  |
| I am happy <b>to participate in the de-identified independent, external evaluation</b> managed by Professor Liz |                                     |
|   | No 🖵                                |
| I found out about the BRIM<br>Workshop via:   | My workplace 🗖                      |
|   | Doctors' Health SA Website 🗖        |
|   | Sent to me by a colleague 🗖         |
|   | Doctors' Health SA Facebook page 🖵  |
|   | Other (please detail):              |
|   |                                     |

Send this completed Form (can be a **photo** of the form) via email to Program Officer, Kiara Cannizzaro – <u>kiara.cannizzaro@doctorshealthsa.com.au</u> or to DHSA fax number 08 82324116.