



## TRAINING FOR THERAPY ASSISTANTS 2010

Atlantic is pleased to offer a series of half day workshops for **Therapy Assistants working in aged care.**

These workshops assist staff to gain appropriate knowledge and skills to perform their roles effectively and assist in meeting expected outcomes for accreditation standards.

### Who should do these workshops?

The workshops are open to any therapy assistant currently working in aged care. There is an expectation that any participant enrolling in a workshop will have the necessary background to understand the information provided.

### Can a registered therapist attend?

Yes. If an Occupational Therapist or Physiotherapist wishes to enroll in a workshop they are certainly welcome to.

### What are some of the accreditation standards these workshops can assist in meeting?

The workshops can assist in meeting accreditation standards such as:

#### Standard 2: Health and Personal Care

- |                             |   |
|-----------------------------|---|
| 2.8 Pain Management         | 2.14 Mobility, Dexterity and Rehabilitation |
| 2.11 Skin Care              | 2.16 Sensory Loss                           |
| 2.13 Behavioural Management |   |

#### Standard 3: Resident Lifestyle

- |                         |  |
|-------------------------|--|
| 3.4 Emotional Support   | 3.7 Lifestyle Interests and Activities |
| 3.5 Independence        | 3.8 Cultural and Spiritual Life        |
| 3.6 Privacy and Dignity | 3.9 Choice and Decision Making         |

#### Standard 4: Physical Environment and Safe Systems

- |                        |                                    |
|------------------------|------------------------------------|
| 4.4 Living Environment | 4.5 Occupational Health and Safety |
|------------------------|------------------------------------|

### Details:

The workshops are run at:

*The Boulevard Centre  
Lower Level, Cambridge Library Building  
99 The Boulevard,  
Floreat WA.*

### Cost:

**\$88.00** (GST inclusive) per half day workshop.

Payment is due upon application and can be made by either:

1. *Cheque* – cheque must clear before application is accepted;
2. *EFT transfer* – printed receipt of transfer must be included with application. You must also use the reference: "TA / (your surname);
3. *Invoice your employer directly* – you must include a request from your employer for us to invoice them that includes the FULL details (name, address, contact person) necessary to process an invoice.

### How do I apply?

Fill out the attached application form and send it back, with payment, to Atlantic:

**FAX: (08) 9388 3578**  
**Postal: PO Box 77, Mount Hawthorn WA 6915**  
**Or phone (08) 9388 3577 for more information!**





**TRAINING FOR  
THERAPY ASSISTANTS 2010**

**Phone: (08) 9388 3577**

| Personal Details    |  |
|---------------------|--|
| <b>Name:</b>        |  |
| <b>Address:</b>     |  |
| <b>Contact Num:</b> |  |
| <b>Email:</b>       |  |

| Employment Details    |  |
|-----------------------|--|
| <b>Position Held:</b> |  |
| <b>Employer:</b>      |  |
| <b>Contact Num:</b>   |  |
| <b>Onsite OT:</b>     |  |
| <b>Onsite Physio:</b> |  |

| Payment Details                              |                     |
|--|---------------------|
| Number of Units                              |                     |
| Cost per unit                                | \$88.00             |
| Total Payable<br>(Number multiplied by Cost) |                     |
| Payment Method                               | Tick as appropriate |
| Cheque (enclosed)                            |                     |
| Online transfer (receipt attached)           |                     |
| Invoice Employer<br>(authority enclosed)     |                     |

| Bank Account Details for EFT payments: |                               |
|--|-------------------------------|
| BSB:                                   | 086461                        |
| A/C number:                            | 492126805                     |
| A/C name:                              | Ubiquitous Holdings Pty. Ltd. |
| Reference:                             | TA/ (surname)                 |

### Core Therapy Units

| Date                        | Time        | Unit No. | Title                        | Tick as appropriate |
|-----------------------------|-------------|----------|------------------------------|---------------------|
| 19 <sup>th</sup> March 2010 | 08.30-12.00 | TA3      | Behaviour & Dementia         |                     |
| 26 <sup>th</sup> March 2010 | 08.30-12.00 | TA4      | ACFI - Accreditation         |                     |
| 26 <sup>th</sup> March 2010 | 13.00-16.30 | TA5      | Observation & Reporting      |                     |
| 9 <sup>th</sup> April 2010  | 08.30-12.00 | TA6      | Occupational Safety & Health |                     |
| 9 <sup>th</sup> April 2010  | 13.00-16.30 | TA7      | Assisted Movement            |                     |
| 16 <sup>th</sup> April 2010 | 08.30-12.00 | TA8      | Group Dynamics               |                     |
| 23 <sup>rd</sup> April 2010 | 08.30-12.00 | TA 9*    | Optimising Function          |                     |

\* Run at the Independent Living Centre

### OTA Specialist Units

| Date                        | Time        | Unit No. | Title                             | Tick as appropriate |
|-----------------------------|-------------|----------|-----------------------------------|---------------------|
| 30 <sup>th</sup> April 2010 | 08.30-12.00 | OTA1     | Occupational Therapy in Aged Care |                     |
| 7 <sup>th</sup> May 2010    | 08.30-12.00 | OTA2     | Positioning for Comfort           |                     |
| 21 <sup>st</sup> May 2010   | 08.30-12.00 | OTA3     | Activity Objectives *             |                     |
| 28 <sup>th</sup> May 2010   | 08.30-12.00 | OTA4     | Program Planning *                |                     |

\* It is recommended when considering either *Activity Objectives* or *Program Planning* that you enroll in both units.

### PTA Specialist Units

| Date                       | Time        | Unit No. | Title                       | Tick as appropriate |
|----------------------------|-------------|----------|-----------------------------|---------------------|
| 4 <sup>th</sup> June 2010  | 08.30-12.00 | PTA1     | Physiotherapy in Aged Care  |                     |
| 11 <sup>th</sup> June 2010 | 08.30-12.00 | PTA2     | Range of Movement           |                     |
| 18 <sup>th</sup> June 2010 | 08.30-12.00 | PTA3     | Physiotherapy Programs 1 ** |                     |
| 25 <sup>th</sup> June 2010 | 08.30-12.00 | PTA4     | Physiotherapy Programs 2 ** |                     |

\*\* It is recommended when considering either *Physiotherapy Programs 1* or *Physiotherapy Programs 2* that you enroll in both units.

**If you require further copies of this application please photocopy, or visit  
[www.atlantichealth.com.au](http://www.atlantichealth.com.au) and click through to "Training".**