Victorian Forensic Paediatric Medical Service



THE MEDICAL EVALUATION OF SUSPECTED CHILD ABUSE

Wednesday 9th, Thursday 10th & Friday 11th July 2025

Vernon Collins Lecture Theatre (Room 1.050) Level 1, West Building The Royal Children's Hospital 50 Flemington Road Parkville, 3052

THE DETAILS

The VFPMS Medical Evaluation of Suspected Child Abuse Seminar is likely to be of particular interest to paediatricians and trainees in paediatric medicine.

The course aims to inc<mark>rease attendees' knowledge and understanding about child abuse and neglect.</mark>

The course includes:

- Forensic medical evaluation of common childhood injuries including bruises and other skin injuries, burns and scalds, fractures and internal injuries
- Child sexual abuse and the evaluation of children's sexualised behaviour
- Child neglect and emotional maltreatment
- Case management and decision making, forming forensic opinions and writing medicolegal reports

GENERAL INFORMATION

PRE-ATTENDANCE MODULES

6 x 20 minute modules <u>must</u> be completed prior to attending the seminar Access to the modules will be provided to registrants 6 weeks prior to the seminar A test of core knowledge will be administered on day 1

DURATION:

Wednesday 9th July 2025: 9.00am - 5.00pm Thursday 10th July 2025: 9.00am - 5.00pm Friday 11th July 2025: 9.00am - 5.00pm

COST

\$990.00 (inc GST)

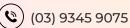
CATERING

Morning tea, lunch and afternoon tea will be provided each day Dietary requirements can be specified when registering

GETTIN<mark>G HERE</mark>

Parking is available on site (enter at 50 Flemington Road) fees apply Tram routes 58 & 59 stop outside the RCH

michelle.barillaro@rch.org.au



https://www.rch.org.au/vfpms

THIS SEMINAR IS AN RACP RECOGNISED CHILD PROTECTION COURSE

Please complete the attached form and email to michelle.barillaro@rch.org.au to register

victorianForensicPaediatricMedicalService



THE MEDICAL EVALUATION OF SUSPECTED CHILD ABUSE

YOUR DETAILS		
ORGANISATION:		
MEDICAL PROFESSION:		
TOTAL PAYABLE \$990.00		
CARD TYPE: VISA MASTERCARD		
NAME ON CARD:		
CARD NUMBER:		
EXPIRY DATE:		
ccv:		
SIGNATURE:		
IF YOU WOULD PREFER TO PAY OVER THE PHONE - PLEASE FILL OUT THE FORM AND OUR CASHIER'S OFFICE WILL CALL YOU		
DIETARY REQUIREMENTS		
VEGETARIAN	VEGAN	DAIRY FREE
GLUTEN FREE	NUT FREE	OTHER