VictorianForensicPaediatricMedicalService

The Royal Children's Hospital Melbourne

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 increase attendees' knowledge and understanding about child abuse and neglect.

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 must 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

GETTING HERE
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
(03) 9345 9075
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

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THE MEDICAL EVALUATION OF SUSPECTED CHILD ABUSE

YOUR DETAILS

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

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 _____