Weemala Indigenous Unit
and the
School of Nursing and Midwifery
McAuley Campus, Australian Catholic University

CALL FOR PAPERS

INDIGENOUS HEALTH SYMPOSIUM

Challenges in Indigenous health - Contributing to a solution

VENUE: Australian Catholic University, 1100 Nudgee Road, Banyo
DATE: Monday 7th April 2008
TIME: 9am – 6pm

Weemala Indigenous Unit and the School of Nursing, McAuley Campus, ACU, invite abstracts for papers and posters to be presented at a 1 day symposium. The aim of the symposium is to encourage dialogue amongst key stakeholders in Indigenous health and education. A key focus of the day will be to explore how universities contribute to the health of Indigenous Australians through teaching, research and community engagement. Invited keynote speakers, workshops and a panel of Indigenous health experts will address a range of topics including:

- University initiatives
- Indigenous health research – present and future
- Pathways to careers in Indigenous health
- Success stories in Indigenous Health

Closing Date for Abstracts: 6th March 2008
Closing Date for Registration: 21st March 2008
Registration Fees: $120.00 (includes GST)

Morning Tea, Lunch, Afternoon Tea and BBQ Dinner will be provided

For information, contact Weemala: 07 3623 7195

We acknowledge the art work used in this document is from the Culcha Disc
Weemala Indigenous Unit
and the
School of Nursing and Midwifery
McAuley Campus, Australian Catholic University

INDIGENOUS HEALTH SYMPOSIUM

CALL FOR PAPERS

Full Name: ____________________________________________________________________________
Institution & Department (if applicable): ____________________________________________________
Postal Address: ________________________________________________________________________
E-mail address: ________________________________________________________________________
Telephone number: _______________________ Fax number: _____________________________
Presentation Title: _____________________________________________________________________

ABSTRACT (150 words maximum detailing content of presentation or display, please attach separate sheet if not enough room)........................................................................................................................................
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PRESENTER DETAILS Brief description (50 words maximum)...............................................................
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PROPOSAL FOR PAPER ☐ Yes ☐ No
POSTER DISPLAY ☐ Yes ☐ No

PRESENTATION REQUIREMENTS Media – Audiovisual requirements: ☐ Data projector
☐ Laptop ☐ Audio-cassette / CD ☐ Video / TV ☐ Other

Please send Abstract to Stephanie Jacob, PO Box 456, Virginia Q 4014

Email: stephanie.jacob@acu.edu.au

CLOSING DATE FOR ABSTRACTS: 6th March 2008
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School of Nursing and Midwifery
McAuley Campus, Australian Catholic University

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REGISTRATION

Full Name: _________________________________________________
Institution & Department (if applicable): ____________________________________________
Postal Address: ___________________________________________________________________
E-mail address: ___________________________________________________________________
Telephone number: ___________________ Fax number: ____________________________
Special dietary requirements: ______________________________________________________
(eg. Vegetarian, Diabetic, etc.)

REGISTRATION FEES:

Fees for the Symposium are as follows:

$120.00 (includes GST)

Symposium attendance, morning tea, lunch and afternoon tea on both days

Registration fees do not include Accommodation, Transport to and from Symposium

Address for Correspondence: Stephanie Jacob, Weemala Indigenous Unit, Brisbane Campus
Australian Catholic University, PO Box 456, Virginia Q 4014
Ph: (07) 3623 7195 Fax: (07) 3623 7311
Email: Stephanie.jacob@acu.edu.au
Weemala Indigenous Unit  
School of Nursing and Midwifery  
McAuley Campus, Australian Catholic University

INDIGENOUS HEALTH SYMPOSIUM

Challenges in Indigenous health – Contributing to a solution

REGISTRATION PAYMENT

Please make cheques / money order payable to:

AUSTRALIAN CATHOLIC UNIVERSITY LTD

Amount $________________

☐ I enclose my cheque / money order in payment

OR

☐ Please charge to my credit card account:

☐ Bankcard  ☐ Mastercard  ☐ Visa

Card Number ____________________________

Expiry Date ___________ / ___________

Cardholder Name: ______________________________________________________

Address: _______________________________________________________________

_________________________________ Postcode: ____________

Signature: ______________________________________________________________

☐ I require a Tax Invoice / Receipt

Address & Contact Details for Registration Payment

Stephanie Jacob,  
Weemala Indigenous Unit  
Brisbane Campus  
Australian Catholic University  
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