

EMPLOYMENT DETAILS

Current Position: _____

Employer: _____

Work Location: _____

How will the clinical skills which you acquire be used in your present job? _____

INVOICING DETAILS (If different from above)

Entity to be invoiced: _____

Contact Person: _____

Address for invoice: _____

Phone: _____ Fax: _____

Email: _____

It is a requirement of training at FPWNT that you provide a current Professional Registration Certificate, Working With Children (Ochre) Card Evidence of Professional Indemnity Insurance – Please attach copies of these documents to your application.

PREFERRED TRAINING DATES

Please provide your preferred training dates taking into account the following:

- Requests for training should be made a minimum of **4 weeks** (or as early as possible) prior to the start date – urgent training clinics may be possible to arrange but may incur additional costs if extra staff cover is required.
- Our training spaces are in high demand and we may not be able to provide you with the exact dates requested – we will work with you to find the most mutually agreeable dates

Preferred Dates: _____

CONDITIONS

Refund Policy:

Invoices and Payment

1. Once an application for a training program has been received Family Planning Welfare NT will issue a Tax Invoice if appropriate. It is the responsibility of the applicant to ensure that all payments have appropriate identification to ensure the payment can be credited correctly. A receipt will be issued and confirmation will be forwarded via email to notify acceptance and placement in the allocated course/training program.

Cancellations:

2. Where a training program is cancelled for any reason by FPWNT, students will be rescheduled to a mutually acceptable date. If a student is not in agreement with the rescheduled date the training program fee will be fully refunded.

3. Where notice of withdrawal from a pre-paid training program is given 20 business days (4 weeks) prior to the commencement of the training, fees will be fully refunded.

4. If an applicant cancels anytime less than 20 business days (4 weeks) of the commencement course date, a 25% administration fee will be deducted from the fees paid prior to a refund of the balance being made.

5. If training resource materials have been forwarded to the applicant they must be returned to FPWNT or a charge for resource material will be taken out of the applicants training fee refund.

No Shows

6. If the student fails to attend the training program or cancels their attendance on Day 1 or after, no refund will be issued.

Refunds

7. Refunds will be issued on written request via email or post from students in accordance with the cancellation requirements having been met. This refund will be forwarded to the applicant within 14 business days by direct deposit to their nominated bank account.

8. Student training fees are secured by Family Planning Welfare NT maintaining a separate online bank account. Once the training program is completed, the financial officer or delegate will transfer training fee funds into FPWNT working bank account.

Privacy

Any information provided to FPWNT will comply with the privacy act. Please read further information on privacy policy on our website www.fpwnt.com.au

Disclaimer: While every effort will be made by FPWNT to help trainees achieve the required competencies, some trainees may require additional clinics & time to develop their skills to appropriate standards.

Conflict of Interest: Trainees cannot present as clients of FPWNT while completing their clinical training.

I confirm that I hereby wish to apply for clinical training with FPWNT and agree to comply with the terms and conditions described in this application:

Name: _____

Signature: _____

Date: _____

Please return this form to: Administration Officer,
Family Planning Welfare Association of the NT Inc,
Mail: PO Box 503, Nightcliff NT 0814
(P) 08 89480326 (F) 08 89480626 (E) admin@fpwnt.com.au

FPWNT Administration Officer (or delegate) to complete:

Application Received: _____ Clinic Staff Informed: _____

Evidence if prior IUD experience:

NT Registration Rec'd: Y / N Ochre Card Rec'd: Y / N

Accepted: Y / N Applicant Notified: _____

Invoice #: _____ Sent: _____ Paid: Y / N Date: _____

Training Dates: _____