

# TRAINING APPLICATION 2022

Please complete ALL fields

## APPLICANT DETAILS

<b>First Name</b>		<b>Last Name</b>	
<b>Title</b>			
<b>Address</b>	<b>Residential:</b> Unit #..... Street #..... Street name..... Suburb: ..... City: ..... Postcode: .....		
	Postal (If different):		
<b>Phone</b>	<b>Mobile:</b>	<b>Work:</b>	
	<b>Unique Student Identifier (USI) #</b>		
<b>Email</b>	<b>Work:</b>		
	<b>Other:</b>		
<b>Emergency contact</b>	<b>Name:</b>	<b>Relationship:</b>	
	<b>Mobile:</b>	<b>Alternative contact number:</b>	
<b>Special dietary requirements</b>			

## EMPLOYMENT DETAILS

<b>Job title</b>	
<b>Employer</b>	<b>Organisation:</b>
	<b>Place of Work:</b>
	<b>Phone:</b>
	<b>Address:</b>
<b>Doctors only:</b>	<b>QI &amp; CPD number:</b>

## DEMOGRAPHIC DETAILS

<b>DOB</b>		<b>GENDER</b>		<b>PLACE OF BIRTH</b>	
Australian Citizen <input type="checkbox"/>		Permanent Resident <input type="checkbox"/>		Other <input type="checkbox"/>	
<b>Spoken language at home:</b>					
<b>Do you live with a disability / require special assistance?</b>		<b>Please outline</b>			
<b>Do you identify as:</b>		Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>		
		Both <input type="checkbox"/>	Neither <input type="checkbox"/>		
<b>Employment status</b>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Student <input type="checkbox"/>
<b>Highest completed level of tertiary education</b>	Bachelor's degree or higher		<input type="checkbox"/>		
	Advanced/associate diploma		<input type="checkbox"/>		
	Certificate III / IV advanced trade		<input type="checkbox"/>		
	Other		<input type="checkbox"/>		
Please specify		.....			
<b>Year Tertiary Qualification attained</b>					

**PLEASE INDICATE THE TRAINING YOU ARE APPLYING FOR:**

TRAINING	LOCATION	DATES	COST	✓	IMPLANON NXT ✓
<b>Well Women’s Health Unit WWHU (HLTAHW027)</b> Provide Information & Strategies in Sexual Health for Women Implant NXT training (where available)	Darwin	14 <sup>th</sup> – 18 <sup>th</sup> MARCH	\$1,595		
	Alice Springs	09 <sup>th</sup> – 13 <sup>th</sup> MAY	\$1,595		
	Darwin	25 <sup>th</sup> – 29 <sup>th</sup> JULY	\$1,595		
	Alice Springs	10 <sup>th</sup> – 14 <sup>th</sup> OCTOBER	\$1,595		
	Darwin	14 <sup>th</sup> – 18 <sup>th</sup> NOVEMBER	\$1,595		
	A limited number of DoH funded positions are available for this course				
Registration fee for Well Women’s Health Unit includes both theory and clinical training. Please contact <a href="mailto:admin@fpwnt.com.au">admin@fpwnt.com.au</a> if you wish to attend the theory component only. Registration fee will be adjusted accordingly.					
Reproductive & Sexual Health Course (NURSES)	Darwin	20 <sup>th</sup> – 24 <sup>th</sup> JUNE	\$1,175		NA
Reproductive & Sexual Health Course (DOCTORS)	Darwin	19 <sup>th</sup> – 23 <sup>rd</sup> SEPTEMBER	\$2,000		
IMPLANT NXT Workshop for DOCTORS	Darwin	Dates TBC	TBC		NA
HLTAHW026 Provide Information & Strategies in Sexual Health for Men	For details please contact <a href="mailto:admin@fpwnt.com.au">admin@fpwnt.com.au</a>				NA
FPWNT ‘Participant information handbook’ accessible via <a href="http://www.fpwnt.com.au">www.fpwnt.com.au</a>					

**REASON FOR FURTHER STUDY**

Of the following categories, please ✓ which best describes your main reason for training:	
To gain employment	<input type="checkbox"/>
To gain promotion	<input type="checkbox"/>
Personal interest / self-development	<input type="checkbox"/>
Job requirement	<input type="checkbox"/>
Upskilling	<input type="checkbox"/>
To start a business	<input type="checkbox"/>
To develop an existing business	<input type="checkbox"/>
To gain entry into another course of study	<input type="checkbox"/>
Other (please specify).....	<input type="checkbox"/>

**PAYMENT METHOD**

<input type="checkbox"/> <b>PARTICIPANT FUNDED</b> Payment will be invoiced & due <u>prior</u> to commencement of training. For payment plan options please contact <a href="mailto:admin@fpwnt.com.au">admin@fpwnt.com.au</a>
<input type="checkbox"/> <b>DEPARTMENT OF HEALTH FUNDED EMPLOYEE</b> Funded under partnership between FPWNT and Top End Health Service.
<input type="checkbox"/> <b>EMPLOYER FUNDED</b> Please provide a copy of the purchase order and/or invoicing details
Contact person /Manager
Phone #
Invoice address
Employer Name & signature
FPWNT ‘Training courses & fee refund policy’ accessible via <a href="http://www.fpwnt.com.au">www.fpwnt.com.au</a>

**APPLICANTS TO READ AND COMPLETE THE FOLLOWING:**

**PRIVACY, CONFIDENTIALITY AND SECURITY AGREEMENT**

Family Planning Welfare Association NT [FPWNT] is committed to compliance with relevant privacy, confidentiality and security legislation – to protect our clients, our staff and our organisation. As a part of this, individuals are required to understand their obligations and responsibilities including what it means to sign this privacy, confidentiality and security agreement.

All persons, including FPWNT employees, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain privacy, confidentiality and security of that information. Confidential information may include (but is not limited to) information relating to:

- ❖ Clients and/or family members e.g. health records.
- ❖ Employees, contractors, volunteers, students e.g. salaries, employment records
- ❖ Third parties e.g. vendor contracts, computer programs, technology
- ❖ Business information e.g. financial records, reports, memos, contracts, computer programs, technology
- ❖ Operations improvement, quality assurance, peer review

FPWNT will ensure your personal training information is secure at all times.

FPWNT will, when required, submit data sourced from this enrolment form to the national VET administrative collection as a regulatory requirement of our RTO compliance (third party).

The information we collect may be therefore requested by VET regulators and associated Government Departments and your employer –only if your employer paid for your training.

If you have any questions or concerns relating to privacy, confidentiality or security of information, please contact the Chief Executive Officer of FPWNT.

**DECLARATION (ALL APPLICANTS MUST COMPLETE):**

I .....  
declare that:

- ❖ I have read and do understand my rights and responsibilities in regards to **privacy, confidentiality and security**.
- ❖ I have read and understand the information contained in FPWNT’s **Participant Information Handbook**.
- ❖ I understand my rights and responsibilities as a training participant and how my personal training information collected by FPWNT will be used.
- ❖ I agree to abide by the above policies and procedures of FPWNT in regards to my conduct and actions throughout the course of my training and/or any clinical placement.
- ❖ To the best of my knowledge, the information given in this application is correct and complete.
- ❖ I understand and accept that FPWNT reserves the right to withdraw my offer of enrolment at any stage during my course where false or misleading information has been provided.
- ❖ I have read and agree to the terms of the FPWNT **‘Training course refund policy’**.
- ❖ I understand my placement / registration will not be confirmed until full payment (or Department of Health approval) has been received by FPWNT prior to the course.

**Signature:**.....

**Date:**.....

CHECKLIST – PLEASE ✓ TO ENSURE YOUR APPLICATION IS COMPLETE	
Application form with <u>all</u> fields completed	<input type="checkbox"/>
Signed declaration	<input type="checkbox"/>
Evidence of professional indemnity insurance certificate	<input type="checkbox"/>
Unique Student Identifier (USI) USI information accessible via <a href="http://www.fpwnt.com.au">www.fpwnt.com.au</a> or contact <a href="mailto:admin@fpwnt.com.au">admin@fpwnt.com.au</a>	<input type="checkbox"/>
It is the applicant's responsibility to ensure this registration form is complete & includes all required documentation as outlined on the checklist above. Incomplete applications will be delayed.	

FOR OFFICE USE ONLY	
RECEIVED:	
Completed application form with all fields printed clearly	<input type="checkbox"/>
Photocopy of professional registration certificate	<input type="checkbox"/>
Evidence of professional indemnity insurance – APHRA Check	<input type="checkbox"/>
USI number collected	<input type="checkbox"/>
Application complete: Yes / No	
Information +/- documentation currently outstanding: ..... ..... .....	
Acceptance email date sent .....	
Registration fee: \$.....	
Invoice #.....	
Date Sent.....	
Payment received: Yes / No	
Other: ..... ..... ..... .....	