Family Planning
Welfare Association of NT Inc.
ABN 38 812 238 738

APPLICATION FORM TO DO CLINICAL TRAINING AT FPWNT

SEXUAL & REPRODUCTIVE HEALTH CERTIFICATE

☐ NURSES ***Guide***: 1 week full time OR 6 weeks part time (Approx 38 hrs of clinical training or 11 clinics)
Previous documented Well Women's & FPA experience/assessment can count towards your clinical training.
Cost: $847 – required to be paid prior to commencement.
(FPWNT internal Scholarships available. Please enquire to the Education Manager if you are available to work in Darwin, Palmerston or Katherine FPWNT)

☐ DOCTORS ***Guide:*** minimum 7 clinics (3 hours each) ***Cost:*** $150/clinic

☐ WELL WOMEN'S SCREENING TRAINING TBC re hours required.

☐ CLINICAL REFRESHER Nurse $100/ 3.5 hour clinic Doctor $150/ 3 hour clinic

☐ IUD TRAINING (min 2 Clinics) 3 hrs each clinic Cost $150/clinic

TRAINEE DETAILS

NAME: _____

QUALIFICATION: _____

POSTAL ADDRESS:_____

PHONE: _____FAX:_____

EMAIL (preferred method):_____

DATE & PLACE THEORY COURSE SUCCESSFULLY

COMPLETED_____(Attach evidence)

EDUCATION EXPERIENCE

Year Graduated:_____

Other related qualifications:

_____

CLINICAL DETAILS

Present Position:

_____

Place of employment :_____

How long have you worked in your present position?_____

How long do you envisage staying in the NT?

_____

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

_____

PREFERRED AVAILABLE DATES:_____

Copies of your NT Professional Registration & NT Working with Children (Ochre) Card are essential.

Please attach to this application.

CONDITIONS

Theory MUST be passed to apply for Clinical & completed within a year of theory where applicable

Refund Policy: No penalty if more than 21 days notice. 10% administration fee for less than 21 days notice.

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

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

I hereby apply to do clinical training and agree to the conditions of the Clinical Training application.

Name _____Doctor/Nurse/ Other_____ (complete as appropriate)

Signature _____

Date:_____

Please return this form to: Admin, Family Planning Welfare Association of the NT Inc,
PO Box 503, Nightcliff NT 0814
(ph) 08 89480326 (f) 08 89480626 (email) admin@fpwnt.com.au

FPWNT Administration Office to complete: Theory successfully completed Yes/No Date:_____

Date Induction form commenced & clinic staff informed _____ _____Acceptance sent Yes / No

Invoice No _____ Sent. _____ Paid _____ Yes / No

Date Resource material posted prn_____