

CST CLINICAL TRAINING APPLICATION FORM
(Post completion of WWHU Theory Certificate)

TRAINING REQUIREMENTS

PLEASE TICK (☑) ALL APPROPRIATE BOXES:

- Completed WWHU face to face theory (including workbook)
- Unable to complete clinical workbook requirements within the workplace
- CST Clinical Training requested at FPNT.
FEE: \$200:00 per 3-hour clinic (incl GST)
(Estimated 6 x CSTs per 3 hr clinic)
Certification will be issued upon successful completion of clinical workbook.

TRAINEE DETAILS

NAME: _____

ADDRESS: _____

EMAIL: _____

MOBILE: _____

EMERGENCY CONTACT: _____

MOBILE: _____

CURRENT CLINICAL WORKBOOK STATUS:

NUMBER OF DIRECTLY SUPERVISED CST SCREENS COMPLETED: _____

NUMBER OF INDIRECTLY SUPERVISED CST SCREENS COMPLETED: _____

EXTERNAL CLINICAL SUPERVISOR NAME: _____

EMPLOYMENT DETAILS

CURRENT POSITION: _____

EMPLOYER: _____

WORK LOCATION: _____

INVOICING DETAILS

ENTITY TO BE INVOICED: _____

CONTACT PERSON: _____

ADDRESS FOR INVOICE: _____

MOBILE: _____

EMAIL: _____

TRAINING DATES

**FLEXIBILITY AROUND TRAINING DATES
IS SUBJECT TO CLINICAL CAPACITY**

PLEASE STATE ANY KNOWN DATE RESTRICTIONS FOR YOUR TRAINING AVAILABILITY:

IT IS A REQUIREMENT OF FPWNT THAT YOU PROVIDE THE FOLLOWING

- 1 AHPRA Registration Certificate,
- 2 Working with Children (Ochre) Card
- 3 Evidence of Professional Indemnity Insurance

PLEASE ATTACH COPIES OF THESE DOCUMENTS TO YOUR APPLICATION.

CONDITIONS OF REGISTRATION

INVOICES AND PAYMENT: (ABN 38 812 238 738)

1. Once an application for a CST clinical placement has been received FPNT 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. Confirmation will be forwarded via email notifying acceptance of placement.

CANCELLATIONS:

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

WITHDRAWALS:

3. Where notice of withdrawal from a pre-paid CST clinical placement 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 of the placement commencement date, a 25% administration fee will be deducted from the fees paid prior to a refund of the balance being made.

NON-ATTENDANCE:

6. If the student fails to attend the CST clinical placement 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. CST Clinical training fees are secured by FPNT maintaining a separate online bank account. Once the CST clinical training is completed, the financial officer or delegate will transfer clinical fee funds into FPNT working bank account.

PRIVACY:

Any information provided to FPNT 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 FPNT to provide CST clinical training, this is subject to clinical capacity and is therefore not guaranteed.

CONFLICT OF INTEREST: Trainees cannot present as clients of FPNT while completing their clinical training.

I confirm that I hereby wish to apply for CST clinical training with NT 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 NT
Email: admin@fpwnt.com.au
Phone: 08 8948 0326

OFFICE USE ONLY:

Date application Received: _____

Clinic Staff Informed: _____

* Professional indemnity insurance Rec'd: Y / N

* Ahpra Registration Rec'd: Y / N

* Ochre Card Rec'd: Y / N

Application Accepted: Y / N

Applicant Notified: _____

Invoice #: _____

Date invoice sent: _____

Date invoice paid: _____

Training Dates: _____

Notes: _____
