

IMPLANON TRAINING APPLICATION 2025

PLEASE COMPLETE ALL FIELDS

APPLICANT DETAILS:

FIRST NAME		LAST NAME	
TITLE			
ADDRESS	RESIDENTIAL:		
	Unit #..... Street #..... Street Name..... Suburb: City: Postcode:		
	POSTAL (If different):		
PHONE	Mobile:	Work:	
	Unique Student Identifier (USI) #		
EMAIL	Work:		
	Other:		
EMERGENCY CONTACT	Name:	Relationship:	
	Mobile:	Alternative contact number:	
DOB			

EMPLOYMENT DETAILS:

JOB TITLE	
EMPLOYER	Organisation:
	Place of Work:
	Phone:
	Address:
DOCTORS ONLY:	QI & CPD number:

INFORMATION:

Implanon NXT training requires prior completion of the following for RNs & AHPs only:

1. FPNT Well Women's Health Unit HLTAHW027 or HLTASXH002
 2. FPAA Reproductive Sexual Health Course for Nurses
- (✓ either 1 or 2 above if previously attended)

If you have not completed either course, please provide evidence of other Women's Health training or a statement from your employer requesting your attendance.

PLEASE INDICATE THE WORKSHOP YOU ARE APPLYING FOR:

TRAINING	LOCATION	DATES	COST	✓
IMPLANT NXT Simulation Training	ZOOM	TBC	\$150	
	FACE TO FACE	TBC	\$150	

PAYMENT METHOD:

<input type="checkbox"/> PARTICIPANT FUNDED An invoice will be forwarded.	
<input type="checkbox"/> EMPLOYER FUNDED 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 www.fpwnt.com.au	

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

APPLICANT DECLARATION:

I

declare that:

- ❖ I have read and do understand my rights and responsibilities in regard 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 regard 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:.....

FOR OFFICE USE ONLY:

RECEIVED:

.....

APPLICATION COMPLETE: YES / NO

ACCEPTANCE EMAIL SENT:.....

REGISTRATION FEE:

INVOICE #:

DATE SENT:

PAYMENT RECEIVED:

OTHER:

