

Course Application Form - Complete ALL fields

First Name				Last Name			
Title		Gender		Preferred Pronouns:			
Date of Birth				Place of Birth			
Address	Unit Number:			Street Number:			
	Street Name:						
	Post Code:			City/Town:			
	Postal (If different):						
Contact number	Mobile:			Work phone:			
Unique Student Identifier (USI)	To create you USI, login on www.usi.gov.au and follow prompts. <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>						
Email	Work:						
	Other:						
Emergency contact	Name:			Relationship:			
	Mobile:			Alternative contact number:			
Learner job title	e.g. AHP/ RN						
Current employer / organisation:				Place of work			
Citizenship status	<input type="checkbox"/> Australian Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Others, Specify:		
Spoken language at home:							
List any specific support needs	e.g. mobility assistance, language access.						
Additional identifier information	<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Both		<input type="checkbox"/> Neither
Employment status	<input type="checkbox"/> Full time		<input type="checkbox"/> Part time		<input type="checkbox"/> Casual		<input type="checkbox"/> Unemployed <input type="checkbox"/> Student
Highest completed level of Tertiary Education	<input type="checkbox"/> Bachelors degree or higher						
	<input type="checkbox"/> Advanced/associate diploma						
	<input type="checkbox"/> Certificate III / IV (V.E.T. TRAINING)						
	<input type="checkbox"/> Other, please specify:						
Reason for further study:	<input type="checkbox"/> 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 develop an existing business <input type="checkbox"/> To gain entry into another course of study <input type="checkbox"/> To start a business <input type="checkbox"/> Other		
Known food allergies							

TRAINING DATES FOR 2026

TRAINING	LOCATION	DATES FOR 2026	COST + GST	Tick Box ✓	IMPLANON NXT ✓
HLTASXH002- Promote women's sexual health Plus ImplantON NXT training (<i>non-accredited</i>) Tick to attend – places are limited.	DARWIN	16 th – 20 th MARCH	\$1,820		
	DARWIN	27 th – 31 st JULY	\$1,820		
	DARWIN	16 th – 20 th NOVEMBER	\$1,820		
	NHULUNBUY	11 th – 15 th MAY	\$1,820		
	ALICE SPRINGS	5 th – 9 th OCTOBER	\$1,820		
	KATHERINE	DATES TO BE CONFIRMED. Email your EOI to admin@fpwnt.com.au	\$1,820		
Registration fee these training includes both theory and clinical training. Please contact admin@fpwnt.com.au if you wish to attend the theory component only.					
REPRODUCTIVE & SEXUAL HEALTH COURSE (NURSES)	DARWIN	15 th – 19 th JUNE	\$1,347		

LEARNER TO READ THE FOLLOWING DATA USE AND PRIVACY STATEMENT

HLTASXH002- VET Data Use Statement

Under the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020 and National VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy at Part B), Registered Training Organisations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for purposes that include:

- populating authenticated VET transcripts
- administering VET, including program administration, regulation, monitoring and evaluation
- facilitating statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER is authorised by the National Vocational Education and Training Regulator Act 2011 (NVETR Act) to disclose to the following bodies, personal information collected in accordance with the Data Provision Requirements or any equivalent requirements in a non-referring State (Victoria or Western Australia), for the purposes of that body:

- a VET regulator (the Australian Skills, Quality Authority, the Victorian Registration and Qualifications

Authority or the Training Accreditation Council Western Australia)

- the Australian Government Department of Employment and Workplace Relations
- another Commonwealth authority
- a state or territory authority (other than a registered training organisation) that deals with or has responsibility for matters relating to VET.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

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. To this end, 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 learner 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 the following:

- Clients and/or family members e.g. health records.
- Employees, contractors, volunteers, learners 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 always secure.

If you have any questions or concerns relating to privacy, confidentiality or security of information, please contact the Chief Executive Officer of FPWNT at admin@fpwnt.com.au

DECLARATION: All applicants must complete.

I (*Learner name*) _____ declare that:

- I have read and understand my rights and responsibilities in regard to privacy, confidentiality and security.
- I have read and understand the information contained in FPWNT's Learner Information Handbook accessible via www.fpwnt.com.au.
- I understand my rights and responsibilities as a training learner and how my personal training information collected by FPWNT will be used.
- I agree to abide by the 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' accessible via www.fpwnt.com.au.
- 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.
- I give consent to use my images for marketing purposes only. YES / NO

Learner Signature: _____ **Date:** _____

PAYMENT METHOD: Select your preferred payment method.

- ☐ **DEBIT CARD/CREDIT CARD-** By selecting this method you consent FPWNT to deduct agreed amount from your nominated card.

DEBIT /CREDIT CARD DETAIL:

Type of Card	VISA / Master Card
Name on Card	
Card Number	
Expiry Date	
CCV Number	

Note -These details will be shredded once payment is deducted and received in FPWNT account.

- ☐ **BANK Transfer** - Please use the following details to make a bank transfer to FPWNT.

- Account Name: Family Planning Welfare Association of NT Inc.
- Bank Name: ANZ Bank
- BSB: 015-883
- Account Number: 352609135
- Reference: [Applicant full name / Course Date]

- ☐ **DEPARTMENT OF HEALTH FUNDED EMPLOYEE**

Funded under partnership between FPWNT and Top End Health Service.

- ☐ **EMPLOYER FUNDED**

Provide a copy of the purchase order and/or invoicing details

Contact Person	
Phone Number	
Invoicing details and address	
Employer Name	
Employer Signature	

Invoices will be emailed out at approximately four weeks before commencement of course. To request a receipt, email admin@fpwnt.com.au.

CHECKLIST – ✓ TO ENSURE YOUR APPLICATION IS COMPLETE

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.

Course Application Form with <u>all</u> fields completed.	<input type="checkbox"/>
Signed declaration.	<input type="checkbox"/>
Evidence of professional indemnity insurance certificate attached	<input type="checkbox"/>
Unique Student Identifier (USI). USI information accessible via www.fpwnt.com.au or contact admin@fpwnt.com.au	<input type="checkbox"/>