Family Planning
Welfare Association of NT Inc.

Submission detail
Email: admin@fpwnt.com.au
RTO 2131 - ABN 38 812 238 738

Course Application Form 2027 - *Complete ALL fields*

First Name			Last Name		
Title		Gender		Preferred Pronouns:	
Date of Birth			Place of Birth : City		
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. ☐☐☐☐☐☐☐☐☐☐				
Email	Work:				
	Other:				
Emergency contact	Name:		Relationship:		
	Mobile:		Alternative contact number:		
Learner job title	e.g. AHP/ RN				
Current employer / organisation:			Physical location of work		
Professional indemnity insurance Number					
Citizenship status	☐ Australian Citizen	☐ Permanent Resident	☐ Others, Specify:		
Spoken language at home:					
List any specific support needs	e.g. mobility assistance, language access.				
Additional identifier information	☐ Aboriginal	☐ Torres Strait Islander	☐ Both	☐ Neither	
Employment status	☐ Full time	☐ Part time	☐ Casual	☐Unemployed	☐ Student
Highest completed level of Tertiary Education	☐ Bachelors degree or higher				
	☐ Advanced/associate diploma				
	☐ Certificate III / IV (V.E.T. TRAINING)				
	☐ Other, please specify:				
Reason for further study:	☐ To gain employment ☐ To gain promotion ☐ Personal interest / self-development ☐ Job requirement ☐ Upskilling		☐ To develop an existing business ☐ To gain entry into another course of study ☐ To start a business ☐ Other		
Known allergies					

TRAINING DATES FOR 2027

TRAINING	LOCATION	DATES FOR 2027	Unit Fee inc. GST	Tick Box	*Optional* Clinical. Tick box Implanon
HLTASXH002 Promote women's sexual health ***Optional Clinical Add-ons*** *(Non-accredited training at no extra cost)* • ***CST:*** *training for learners working in cervical screening.* • ***Implanon:*** *Insertion simulation after completing the theory module.Tick to attend – places are limited.*	**DARWIN**	15th – 19th MARCH	$ 2145.00		
	TBC	17th– 21st MAY	$ 2145.00		
	DARWIN	26th – 30th JULY	$ 2145.00		
	ALICE SPRINGS	4th – 8th OCTOBER	$ 2145.00		
	DARWIN	15th – 19th NOVEMBER	$ 2145.00		
Unit fee for these training includes both theory and clinical training. Please contact admin@fpwnt.com.au if you wish to attend the theory component only.					
Non – accredited Reproductive & Sexual Health Course (Nurses)	**DARWIN**	21st – 25th JUNE	$1650.00		N/A

LEARNER TO READ THE FOLLOWING DATA USE AND PRIVACY STATEMENT

VET Data Use Statement

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We may be required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National Centre for Vocational Education Research Ltd (NCVER). NCVER is the National VET Data Custodian responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

How the NCVER and other bodies handle your personal information

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act),the NVETR Act and the *Student Identifiers Regulation 2014*. NCVER may use and disclose your personal information for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

NCVER may disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), other relevant Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes for which the legislation above permits.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. NCVER does not intend to disclose your personal information to any overseas recipients.
Data submitted through a VET data system may undergo validation and quality assurance checks, which involve checking the submitted data against data held in other information systems, for example, the Unique Student Identifier Registry or the Australian Business Register.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil its functions and activities, including:

- administration of VET, such as program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates for policy, workforce planning and consumer information.

DEWR may be authorised by law to share 'public sector data' with third parties, including under the *Data Availability and Transparency Act 2022* (Cth) (DAT Act). 'Public sector data' is defined in the DAT Act to mean "data lawfully collected, created or held by or on behalf of a Commonwealth body…" and therefore includes any data collected by the department as part of performing VET related functions.
For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at https://www.dewr.gov.au/national-vet-data/vet-privacy-notice.

Surveys

You may receive a student survey from a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact *admin@fpwnt.com.au* to:

- request access to your personal information.
- correct your personal information.
- make a complaint about how your personal information has been handled.
- ask a question about this Privacy Notice.

Any information provided to FPWNT will comply with the privacy act. Please read further information on privacy on our website www.fpwnt.com.au.

DECLARATION: Learner 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 as per Privacy Act.

☐ **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]

Do not make a bank transfer. An invoice will be issued for this payment option.

☐ **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 all fields completed.	☐
Signed declaration.	☐
Evidence of professional indemnity insurance certificate attached	☐
Unique Student Identifier (USI). USI information accessible via www.fpwnt.com.au or contact admin@fpwnt.com.au	☐