

Facility Trainer

Ongoing Requirements Form | To be completed every 2 years by FIM Facility Trainers

Name: Contact number:

Email (print clearly):

Workplace/Facility:

FIM ID: Discipline:

If you have changed your contact details in the past 2 years please let us know.

Last two exam results: Most recent exam result: Date completed:

Previous exam result: Date completed:

Details of the most recent *FIM Facility Trainer Workshop* that you attended (conducted by AROC Master Trainer):

Date:/...../..... Venue:

Name of AROC Master Trainer:

Attended relevant state Facility Trainer Teleconference/Video Conference?

Yes No Facilitator: Date:/...../.....

List the facility/workplace *FIM Workshops* that you have conducted in the past 2 years:

Date of workshop	Venue/Facility	Number of participants	Date Evaluation Forms sent to AROC
1			
2			
3			
4			
5			
6			

* Please complete as many details as possible.

Continue overleaf if needed

Signed:

Date:/...../.....