aroc

Australasian Rehabilitation Outcomes Centre

Aim - to improve clinical rehabilitation outcomes

REGISTRATION FORM

TAX INVOICE

ABN 61 060 567 686

UNIVERSITY OF WOLLONGONG / SMAH / AROC

FIM Open Workshop

Date: Thursday 27 June 2024
Time: 0900 – 1630
Venue: Sydney Business School - Level 9, Board Room 1; (Gateway Building) 1 Macquarie Place, Circular Quay, NSW 2000

DELEGATE INFORMATION (please print clearly)

First Name: _____

Family Name: _____

Facility/Organisation: _____

Country: AUS Mobile: _____

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Do you work at more than one Facility / Organization? If so, please specify:

Do you require any individual arrangements due to disability, medical condition or dietary requirements?

FOR WHAT ENVIRONMENT ARE YOU LEARNING FIM?

☐ Rehabilitation Process (Please specify):
- ○ Inpatient: ○ Rehab ○ GEM ○ Both
- ○ Substitute Inpatient eg: Hospital/RITH
- ○ In-reach

☐ Residential Aged Care

☐ One-Off Functional Assessment (eg: eligibility to NDIS, insurance scheme)

☐ Other, please specify:

Please return your registration form to:
FIM COORDINATOR
Email: fim@uow.edu.au

Registrations close: *Thursday 13th June 2024*

Cancellation Policy
Cancellations must be in writing and received no later than three working days prior to the session. No refunds for cancellations made after *24/06/2024* however, you may transfer your registration to another person within your facility or organisation. AROC must be advised of the transfer no less than 2 working days prior to the commencement of the workshop.

PLEASE NOTE: This registration form is your TAX INVOICE. It is the delegate's responsibility to retain a copy of the tax invoice/ registration form. The receipt of payment will be sent to the person named in the payment details section. The tax invoice/ registration form together with the receipt, is required by the ATO to reclaim the GST and should be passed to the appropriate person in your organisation.

Clinical Discipline (select one): ○ Medicine ○ Physiotherapy ○ Speech Therapy ○ Occupational Therapy ○ Enrolled Nurse ○ Registered Nurse

Other (please specify):

Current FIM Credentialling Status (select one): ○ Facility Trainer ○ FIM Clinician ○ Not Previously Credentialed

NB: Allied Health Assistants and Assistants In Nursing are welcome to attend training sessions to increase their knowledge and understanding of the FIM so they can contribute to FIM scoring in a clinical setting, but they are not eligible or required to become credentialed.

Applicant's Signature: **Manager's Name:**

Date: **Manager's Signature:**

PAYMENT DETAILS & OPTIONS

OPTION 1 - TO MAKE PAYMENT BY CREDIT CARD:

MASTERCARD ☐ VISA ☐

Cardholder (please print) _____

Email receipt to _____

Expiry Date: / Signature:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

OPTION 3 - TO MAKE PAYMENT BY EFT (Direct Transfer):

BSB: 082 886 ACCOUNT NO: 038 110 002

BANK: NAB BRANCH University of Wollongong

REFERENCE: **FIM 27/06/24** and **YOUR** last name.

Email **your Payment confirmation details** and your **completed Registration Form** to: FIM@uow.edu.au

OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):

PO to be completed ☐ PO document attached ☐

Include Description on PO: **FIM 27/06/24** and **YOUR** last name

The PO document must be emailed to FIM@uow.edu.au

YOUR PAYMENT DETAILS

FIM REGISTRATION FEES (inclusive GST)	$214.50
FIM MANUAL (inclusive GST)	$36.30
FIM Exam Key (inclusive GST	$45.10
TOTAL Australian Dollars	**$295.90**

For Office Use Only

Payment Details: _____

Date: _____ Amount: _____

Please note that: we cannot confirm workshop registration until we receive payment; we operate on a 'first come, first served' basis; and if registration numbers are too low, the workshop may be postponed.

This document will be a TAX INVOICE for GST when you make full payment (in accordance with the ATO) – Please retain a copy