

REGISTRATION FORM

TAX INVOICE

ABN 61 060 567 686

UNIVERSITY OF WOLLONGONG / SMAH / AROC

FIM Open Workshop

Date: Wednesday 10 July 2024

Time: 0900 – 1630

Venue: Department of Health QLD, Ground Floor Training Room 2, 15 Butterfield Street, HERSTON, QLD 4005

DELEGATE INFORMATION (please print clearly)

First Name: _____

Family Name: _____

Facility/Organisation: _____

Country: _____ 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: *Wednesday 26 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 *05/07/2024* 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 Credentialing 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 10/07/24** 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 10/07/24** 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