



REGISTRATION FORM
TAX INVOICE
ABN 61 060 567 686
UNIVERSITY OF WOLLONGONG / SMAH / AROC

FIM Open Workshop
Date: Wednesday 13 March 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?

Please return your registration form to:
FIM COORDINATOR
Email: fim@uow.edu.au
Registrations close: Wednesday 28 February 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 08/03/2024 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.

FOR WHAT ENVIRONMENT ARE YOU LEARNING FIM?

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| Rehabilitation Process (Please specify): | One-Off Functional Assessment <small>(eg: eligibility to NDIS, insurance scheme)</small> |
| Inpatient: Rehab GEM Both | Other, please specify: |
| Substitute Inpatient eg: Hospital/RITH | |
| In-reach | |
| Residential Aged Care | |

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 <input type="checkbox"/> VISA <input type="checkbox"/> Cardholder (please print) _____ Email receipt to _____ Expiry Date: / Signature: _____ | OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): PO to be completed <input type="checkbox"/> PO document attached <input type="checkbox"/> Include Description on PO: FIM 13/03/24 and YOUR last name The PO document must be emailed to FIM@uow.edu.au |
|--|---|

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|---------------------------------------|------------------------|
| 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 | <u>\$295.90</u> |

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|--|
| For Office Use Only Payment Details: _____ Date: _____ Amount: _____ |
|--|

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

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