



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

WeeFIM Open Workshop
Date: Tuesday 9 July 2024
Time: 0900 – 1615
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: Tuesday 25 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 04/07/2024 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.

FOR WHAT ENVIRONMENT ARE YOU LEARNING WeeFIM?

Rehabilitation Process (Please specify):	One-Off Functional Assessment (eg: eligibility to NDIS, insurance scheme)
Inpatient	Other, please specify:
Substitute Inpatient eg: Hospital/RITH	
In-reach	

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

Other (please specify): _____

Current FIM Credentialling Status (select one): WeeFIM 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 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):
 PO to be completed PO document attached
 Include Description on PO: **WeeFIM 09/07/24** and **YOUR** last name
 The PO document must be emailed to FIM@uow.edu.au

YOUR PAYMENT DETAILS	
WeeFIM REGISTRATION FEES (inclusive GST)	\$214.50
WeeFIM MANUAL (inclusive GST)	\$36.30
WeeFIM Exam Key (inclusive GST)	\$45.10
TOTAL Australian Dollars	<u>\$295.90</u>

OPTION 3 - TO MAKE PAYMENT BY EFT (Direct Transfer):
 BSB: 082 886 ACCOUNT NO: 038 110 002
 BANK: NAB BRANCH University of Wollongong
 REFERENCE: **WeeFIM 09/07/24** and **YOUR** last name.

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

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