



<p>REGISTRATION FORM TAX INVOICE ABN 61 060 567 686 <small>UNIVERSITY OF WOLLONGONG / SMAH / AROC</small></p>	<p>FIM Training Workshop Date: Monday 7 October 2024 Time: 0900 – 1600 Venue: Sir Charles Gairdner Hospital, Q Block Education and Development - Room TBC, Hospital Avenue, Nedlands, Perth.</p>
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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: *Monday 23 September 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 01/10/2024 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 FIM?

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

<p>OPTION 1 - TO MAKE PAYMENT BY CREDIT CARD:</p> <p>MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/></p> <p>Cardholder (please print) _____</p> <p>Email receipt to _____</p> <p>Expiry Date: / Signature: _____</p> <p>OPTION 3 - TO MAKE PAYMENT BY EFT (Direct Transfer):</p> <p>BSB: 082 886 ACCOUNT NO: 038 110 002</p> <p>BANK: NAB BRANCH University of Wollongong</p> <p>REFERENCE: FIM 07/10/24 and YOUR last name.</p> <p style="text-align: center;">Email your Payment confirmation details and your completed Registration Form to: FIM@uow.edu.au</p>	<p>OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):</p> <p>PO to be completed <input type="checkbox"/> PO document attached <input type="checkbox"/></p> <p>Include Description on PO: FIM 07/10/24 and YOUR last name</p> <p>The PO document must be emailed to FIM@uow.edu.au</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="2" style="text-align: left;">YOUR PAYMENT DETAILS</th> </tr> <tr> <td style="padding: 2px;">FIM REGISTRATION FEES (inclusive GST)</td> <td style="text-align: right;">\$214.50</td> </tr> <tr> <td style="padding: 2px;">FIM MANUAL (inclusive GST)</td> <td style="text-align: right;">\$36.30</td> </tr> <tr> <td style="padding: 2px;">FIM Exam Key (inclusive GST)</td> <td style="text-align: right;">\$45.10</td> </tr> <tr> <td style="padding: 2px;">TOTAL Australian Dollars</td> <td style="text-align: right;"><u>\$295.90</u></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><small>For Office Use Only</small></p> <p>Payment Details: _____</p> <p>Date: _____ Amount: _____</p> </div>	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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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