



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

FIM Training Workshop
Date: Wednesday 09 October 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 25 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 04/10/2024 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
(eg: eligibility to NDIS, insurance scheme)
Other, please specify:

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 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):
PO to be completed PO document attached
Include Description on PO: FIM 09/10/24 and YOUR last name
The PO document must be emailed to FIM@uow.edu.au
YOUR PAYMENT DETAILS
FIM REGISTRATION FEES (inclusive GST) \$247.50
FIM MANUAL (inclusive GST) \$36.30
FIM Exam Key (inclusive GST) \$45.10
TOTAL Australian Dollars \$328.90
NOTE: this training session may be postponed if registration numbers are low. You will be notified one (1) week prior to the training date. Your registration can be transferred to another date or refunded.
OPTION 3 - TO MAKE PAYMENT BY EFT (Direct Transfer):
BSB: 082 886 ACCOUNT NO: 038 110 002
BANK: NAB BRANCH University of Wollongong
REFERENCE: 09/10/24 and YOUR last name.
Email your Payment confirmation details and your completed Registration Form to: FIM@uow.edu.au

This document will be your TAX INVOICE/RECEIPT once full payment is complete. It is the delegate's responsibility to retain a copy for taxation purposes. Regarding payment option 1, a transaction receipt will be sent to the person named in the 'Email receipt to' section. The tax invoice/registration form together with the transaction receipt, is required by the ATO to reclaim the GST and should be passed to the appropriate person in your organisation.