



REGISTRATION FORM

TAX INVOICE

ABN 61 060 567 686

UNIVERSITY OF WOLLONGONG / SMAH / AROC

FIM Training 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 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 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) \$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.

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.