

CONSENT AUTHORISATION FORM

Community FIM/WeeFIM Assessor List

PURPOSE

This form grants AROC permission to publicly disclose the information of the practitioner listed below on the AROC website under the [Community FIM/WeeFIM Assessor List](#). The practitioner's FIM and/or WeeFIM credentialing expiry date will also be displayed.

INSTRUCTIONS FOR COMPLETION

1. Fill out the entire form using block letters
2. Sign and date the form
3. Submit the completed form to AROC via email: fim@uow.edu.au

INFORMATION TO BE DISCLOSED* (practitioner to complete)

Given Name(s):		Surname:	
Postcode:		State:	
Phone:		Email:	

*The practitioners FIM and/or WeeFIM exam credentialing expiry will also be publicly displayed.

The name provided above will also be the name displayed on your credentialing certificate.

OTHER INFORMATION FOR ADMINISTRATIVE PURPOSES (practitioner to complete)

Organisation/Business:	EXAM EXPIRY DATE
	FIM:
	WeeFIM:

AUTHORISATION (practitioner to complete/tick)

- ☐ I have provided my personal information to AROC for the purpose of display in the publicly available Community FIM/WeeFIM Assessor list via the AROC website.
- ☐ I understand that if my credentialing is not maintained my personal information will be removed from the Community FIM/WeeFIM Assessor list.
- ☐ I understand that I am responsible for informing AROC of any changes to my contact details.
- ☐ I understand that being included on this list is not an endorsement by AROC.
- ☐ I understand that I can withdraw my consent to have my personal information included on the Community FIM/WeeFIM Assessor list at any time by emailing fim@uow.edu.au and that consent will remain in place unless I withdraw it in writing.
- ☐ I have provided my personal information to AROC for the purpose of display in the publicly available Community FIM/WeeFIM Assessor list via the AROC website.

Print name:

Signed:

Date: