

WORKSHOP REQUEST FORM

If a facility does not have its own Facility Trainer to conduct FIM training for staff, AROC can provide onsite FIM and WeeFIM workshops. These workshops are conducted by AROC's FIM and WeeFIM Master Trainers.

Please indicate the type of workshop and number of staff expected to attend (NB: The maximum number of staff to attend a

FIM or WeeFIM workshop is 20). FIM workshops are for adult rehabilitation, WeeFIM workshops are for paediatric rehabilitation.	
FIM Training Workshop – No. staff:	
WeeFIM Training Workshop – No. staff:	
Please provide a few potential dates for when you would like a workshop conducted:	
For what environment are you learning FIM/WeeFIM:	
Rehabilitation Process, please specify from the below:	One-Off Functional Assessment
Inpatient: Rehab GEM Both	eg: eligibility to NDIS, insurer
Substitute Inpatient eg: Hospital/RITH	Other, please specify:
Residential Aged Care	
Once the date of the workshop is confirmed by our Master Trainer and your facility, AROC will provide you with a quote. This quote can be used at your facility to generate a purchase order document to pay for the workshop.	
The list below will need to be actioned prior to and on the day of the workshop:	
Two weeks prior to the workshop:	
Purchase Order document provided to FIM/AROC (a centre within the University of Wollongong)	
 Completed FIM ID application form emailed to fim@uow.edu.au. 	
Confirm street address to allow for delivery of the resources by TOLL couriers.	
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Venue will need to provide on the day:	
Laptop and data projector (laptop needs to have a USB portal. Internet access is beneficial. Make sure that all equipment	
is working prior to the workshop so that there are no delays in commencement time.	
White board to use during training.	
FIM Resources - these will be sent to you prior to the workshop when the numbers have been confirmed.	
 Lecture style seating or tables and chairs (participants need space and something to lean on to take notes). 	
Lunch for the trainer/participants.	
Your name:	FIM ID (if known):
Hospital/facility name:	
Hospital/facility address:	
Phone	
Phone:	
Email address:	
Comments:	