

Australasian Rehabilitation Outcomes Centre

Aim - to improve clinical rebabilitation outcomes

Venue: Department of Health QLD, Ground Floor Training

FIM Open Workshop
Date: Wednesday 09 October 2024

Time: 0900 – 1630

TAX INVOICE ABN 61 060 567 686

LINIVERSITY OF WOLLONGONG / SMAH / AROC

UNIVERSITY OF WOLLONGONG / SMAH / AROC	ROUTH 2, 15 Butterneld Street, HERSTON, QLD 4005
First Name: Family Name:	FIM COORDINATOR Email: fim@uow.edu.au
Facility/Organisation:	Registrations close: Wednesday 25 September 2024
Country: Mobile:Email:	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
Do you work at more than one Facility / Organization? If so, ple	your registration to another person within your facility or organisation. AROC must be advised of the transfer no less
Do you require any individual arrangements due to disability, mor dietary requirements?	workshop.
FOR WHAT ENVIRONMENT ARE YOU LEAR!	
Inpatient: Rehab GEM Both (eg: Comparison of the Company of the Co	off Functional ssment eligibility to NDIS, urance scheme) er, please specify: 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:	

OPTION 1 - TO MAKE PAYMENT BY CREDIT CARD: OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): MASTERCARD \square VISA 🗌 PO document attached PO to be completed Cardholder (please print) Include Description on PO: FIM 09/10/24 and YOUR last name Email receipt to The PO document must be emailed to FIM@uow.edu.au Expiry Date: Signature: YOUR PAYMENT DETAILS FIM REGISTRATION FEES (inclusive GST) \$214.50 FIM MANUAL (inclusive GST) \$36.30 **OPTION 3 - TO MAKE PAYMENT BY EFT (Direct Transfer):** FIM Exam Key (inclusive GST \$45.10 BSB: 082 886 ACCOUNT NO: 038 110 002 **TOTAL Australian Dollars** \$295.90 **BRANCH University of Wollongong** BANK: NAB REFERENCE: FIM 09/10/24 and YOUR last name. For Office Use Only Payment Details: Email your Payment confirmation details and your completed _____Amount: Registration Form to: FIM@uow.edu.au

PAYMENT DETAILS & OPTIONS

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.