

Aim - to improve clinical rebabilitation outcomes

REGISTRATION FORM

ABN 61 060 567 686

TAX INVOICE

UNIVERSITY OF WOLLONGONG / AHSRI / AROC

FIMTM FACILITY TRAINER WORKSHOP

Date: Thursday 10 October 2024

Time: 0830 - 1700

Venue: Department of Health QLD, Ground Floor Training

Room 2, 15 Butterfield Street, HERSTON, QLD 4005

Should you leave early, there is a possibility you will NOT be granted FT status.

DELEGATE INFORMATION (please print clearly)	Please refer to the criteria attached. NB: Trained by a Facility Trainer is <u>not</u> acceptable — you must have been trained by and AROC FIM Master Trainer in				
First Name:	the use of FIM.				
Family Name:	REGISTRATION FEES FT. Workshop Aus \$214.50				
Facility:	FT Workshop Aus \$214.50 FT Training Resources Aus \$45.10				
State: Postcode:	Total (inclusive GST) Aus \$259.60				
Mobile:	Please return your registration form to:				
Email (please PRINT clearly in the boxes below):	IM COORDINATOR mail: fim@uow.edu.au				
	Registrations close: Thursday 26 September 2024				
Do you require any individual arrangements due to disability, medical condition or dietary requirements?	Cancellation Policy Cancellations must be in writing and received no later than three working days prior to the workshop. No refunds for cancellations made after 07/10/24 however, your registration may be transferred to another eligible person within your facility. AROC must be advised of the transfer not later than 2 working days prior to the commencement of the workshop.				
Please note that we cannot confirm a workshop registration until we either receive payment or a Purchase Order Document. We operate on a first come, first served basis and once a workshop is at capacity we will either offer an alternative workshop date or will place you on a Cancellation List.					
Clinical Discipline (select one): Medicine Physiotherapy Speech Thera	apy Occupational Therapy Enrolled Nurse Registered Nurse				
Other (please specify):					
Current FIM Credentialling Status (circle one): Facility Trainer FIM	Clinician				
NB: You must complete the Facility Trainer APPLICATION FORM and send	d it in with this registration from to be considered for the workshop.				
Applicant's Signature:	anager's Name:				
Date: Mana	ger's Signature:				
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.					
PAYMENT DETAIL					
	S & OPTIONS				
OPTION 1 - TO MAKE PAYMENT BY CREDIT CARD:	S & OPTIONS OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):				
MASTERCARD VISA					
MASTERCARD VISA Cardholder (please print):	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):				
MASTERCARD VISA	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): PO to be completed PO document attached				
MASTERCARD VISA Cardholder (please print):	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): PO to be completed PO document attached Include Description on PO: FT 10/10/24 and YOUR last name				
MASTERCARD VISA Cardholder (please print): Email receipt to:	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): PO to be completed PO document attached Include Description on PO: FT 10/10/24 and YOUR last name The PO document must be emailed to FIM@uow.edu.au				
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MASTERCARD VISA Cardholder (please print): Email receipt to: Expiry Date: Signature: OPTION 3 - TO MAKE PAYMENT BY EFT (Direct Transfer):	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): PO to be completed PO document attached Include Description on PO: FT 10/10/24 and YOUR last name The PO document must be emailed to FIM@uow.edu.au PAYMENT DETAILS Facility Trainer REGISTRATION FEE				
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	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): PO to be completed PO document attached Include Description on PO: FT 10/10/24 and YOUR last name The PO document must be emailed to FIM@uow.edu.au PAYMENT DETAILS Facility Trainer REGISTRATION FEE				
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	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): PO to be completed PO document attached Include Description on PO: FT 10/10/24 and YOUR last name The PO document must be emailed to FIM@uow.edu.au PAYMENT DETAILS Facility Trainer REGISTRATION FEE Facility Trainer RESOURCES TOTAL (inclusive GST)				
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FIM FACILITY TRAINER - APPLICATION FORM

The <u>entire Application</u> and <u>Registration form</u> must be completed; otherwise, your application and registration will <u>not be</u> <u>accepted</u>. All criteria must be met to be eligible to attend the Trainer workshop. Criteria listed at the end of this application form.

PART A		ur details:		FIN	И ID:		
Work	cplace	e (if more than one, please list):					
Reha	b ser	vices provided (eg in-reach, inpatient, home based):					
PLEASE ANSWER ALL THE FOLLOWING QUESTIONS:							
PART E	3: Cui	rrent FIM credentialing – more than 3yrs as a FIM cli	inician, achieved 85%+	on curren	t exam:		
1.	(a)	a) Do you have current credentialing status? (i.e. have you completed the exam in the previous two years?)					
		☐ Yes ☐ No	□ Unsure				
	(b)	Have you been FIM credentialed for more than 3	years inclusive of the	past 12 mg	onths?		
		·	 □ Unsure				
2.	(a)	When did you most recently complete the FIM exa	m?		Score:		
	(b)		☐ Yes	□ No			
3.	De	scribe how you have used the FIM tool (e.g. Types of	f clinical populations, i	name of fac	cility/facilities, clinical research)		
4.	۸۲	e you a currently credentialed FIM Facility Trainer?	□ Vec		(if No co to DART C)		
4.	, ,		☐ Yes	□ No	(if No go to PART C)		
	(a)	,					
	(b)	•	Where?				
	(c)	,	•		□ N/A		
		to PART D if you are a currently credentialed Facility					
PART (ining – trained in FIM by an AROC Master Trainer in	•				
1.	(a)) Have you been trained by an AROC Master Trainer in the use of the FIM tool in past 12 months? Yes No					
	(b)		red for?				
	(c)	If yes, who trained you?	When?		Where?		
		A FIM Facility Trainer is <u>not</u> equivalent to a Master 1 er in the past 12 months, you will need to attend a FII	•		-		
2.	If y	ou are successful in completing the FIM Facility Train	ning workshop, please	provide so	me information about who you		
	int	end to train; in what settings/services; and how the s	sessions will be deliver	red / struct	ured:		
3.	De	tail what experience you have in providing training /	education outside of I	FIM:			

PART D: FIM Facility Trainer Eligibility Requirements

There are 3 stages to becoming a FIM Facility Trainer:

- 1. Current Credentialing at ≥85% with 3yrs plus experience as credentialed FIM clinician,
- 2. Attend a FIM workshop conducted by an AROC Master Trainer in 12 months preceding Trainer workshop,
- 3. Attend the FIM Facility Trainer workshop.

Criteria you must currently have to be eligible to attend the FIM Facility Trainer workshop and become a Facility Trainer:

- Have current credentialing status,
- Achieve ≥85% on your first attempt of your most recent credentialing exam,
- Have 3 years + experience in using the FIM tool as a credentialed FIM clinician, inclusive of the last 12 months (for currency of practice),
- Trained in FIM™ or WeeFIM® by an AROC Master Trainer (not Facility Trainer) within the last 12 months,
- Have expertise and/or relevant experience in training others,
- Be prepared to actively participate in the workshop, including presenting part of the workshop to other participants,
- Supported by their employer to attend a Facility Trainer workshop:
 - Employer aware that training as a Facility Trainer equips them to present FIM training workshops to internal staff regularly
 - Employer prepared to provide opportunities for the trainer to train
 - · Participant is expected to undertake training on their return within a 3 month time frame
- At AROC's discretion there may be a requirement for the first post training workshop to be co-trained with and evaluated by a Master Trainer prior to Facility Trainer status being awarded

Ongoing Requirements to be maintained:

Facility Trainers must meet the following ongoing requirements:

- Train at least 1 workshop per year
- · Attend a Facility Trainer workshop conducted by an AROC Master Trainer at least every four years
- Pass the exam at ≥85% on your first attempt every 2 years
- Ensure feedback surveys and relevant forms are submitted to AROC after each workshop (as per the FIM Workshop Manual for Facility Trainers)
- Recommended to attend:
 - o your state Trainer support meeting at least once per year
 - o a FIM workshop conducted by an AROC Master Trainer every 4 years

Why do potential FIM Facility Trainers need to attend a FIM workshop if they are already credentialed in FIM?

In Australia and New Zealand, AROC holds the license for the use of the FIM (and WeeFIM) instruments and is the national certification and training centre for these tools. These assessment tools are used predominantly as the overarching outcome measure within the AROC inpatient dataset. They track the functional gain an inpatient achieves during rehabilitation. The functional gain achieved is used as key outcome measures for benchmarking rehabilitation services across Australia and New Zealand. Some services also use FIM and WeeFIM within their community programs.

With this being the case, it is vitally important that Facility Trainers teach FIM in a consistent way. Having FIM Facility Trainers of a high standard at each rehabilitation service will ensure that accurate data is available. Therefore, AROC require every potential new Facility Trainer to attend a FIM workshop conducted by an AROC FIM Master Trainer within the preceding 12 months of applying for a Facility Trainer workshop.

This will:

- 1. Ensure the potential trainers existing FIM knowledge is consolidated
- 2. Prepare the potential trainer to explain some of the more complex areas of FIM
- 3. Support the potential trainer towards successfully completing the Facility Trainer workshop
- 4. Give the potential trainers the opportunity to observe an experienced trainer conduct a FIM workshop, providing them with tips on:
 - a. Presenting FIM content
 - b. Answering difficult FIM questions
 - c. Managing a diverse group of participants
 - d. Utilising a range of teaching techniques

A helpful Facility Trainer Information Sheet and the Ongoing Requirements form can be downloaded from our website under Credentialing and Trainer here: https://ahsri.uow.edu.au/aroc/training/index.html#Levels

PART E: Important information, authorisation and support

- 1. The information contained within this form will be forwarded to an AROC FIM Master Trainer prior to the FIM Facility Training workshop to be reviewed.
- 2. Where you do not meet all of the Facility Trainer criteria, such as 3yrs experience please provide an outline of relevant training experience (e.g. first aid, wound management training or a community leadership position etc) and your experience using FIM. This will be reviewed and you may be deemed suitable to attend the FIM Facility Training workshop.
- 3. Attendance at a FIM Facility Training workshop does not automatically guarantee you Facility Trainer Status. There are four possible outcomes of attending the Facility Trainer session:
 - a. Full Facility Trainer status renewed
 - b. Full Facility Trainer status awarded
 - c. Probationary status awarded the Probationary process will be explained on the day
 - d. Not yet competent recommendations will be made about how to continue the process of becoming a Facility Trainer
- 4. Your level of FIM knowledge, and ability to present a FIM training session, will be assessed on the day of the Facility Training workshop by an AROC FIM Master Trainer.
- 5. You will be expected to actively participate in the Facility Training workshop and to present part of the workshop to other participants.
- 6. Following successful completion of training, you will be expected to present a FIM training session at your organisation within 3 months of becoming a FIM Facility Trainer.
- 7. You will be expected to abide by the Ongoing Requirements for a Facility Trainer which include:
 - a. Conduct at least one FIM training session in your organisation each year
 - b. Undertake a refresher Facility Trainer Training workshop conducted by an AROC Master Trainer every four years. Please note this Facility Trainer refresher session is a face to face session.
- 8. Information regarding the outcome of the Facility Trainer workshop will be provided to you and your manager following the workshop.

I have	ave provided accurate information when completing this form and have read all the accompanying inforr	nation.					
I have	ave attached the relevant Facility Trainer workshops Registration form:						
If No,	No, why?						
Name	me: Signature: Date:						
FOR MA	MANAGERS:						
1.	1. I understand that there are 3 stages to becoming a FIM Facility Trainer (listed in PART D)						
2.	2. I understand that the applicant's performance will be assessed at the FIM Facility Training workshop, and that						
	attendance at the workshop does not automatically ensure that the applicant will be able to conduct FIM training workshops in our facility.						
3.	Pending the outcome of the workshop, I understand that if required, our organisation may need to fund a follow-up						
	session with an AROC Master Trainer or experienced existing FIM Facility Trainer.						
4.	· - · · · · · · · · · · · · · · · · · ·	у становить в при на пр					
5.	facility/site (bricks and mortar policy) in the use of FIM and not at other sites in the same service/health district. If successful, I will support the applicant to conduct a training session within 3 months of completing the FIM Facility						
Э.	Training workshop, and then conduct a training session at least once per annum.						
I support my staff member to attend the FIM Facility Training workshop and agree to the notes above.							
Name	me: Signature:						
Positio	sition: Phone:						
Email	ail contact:						
LIIIall	an contact.						
	Date:						

Ensure you have read **PART D: FIM Facility Trainer Eligibility Requirements** on the previous page. These requirements must be met to become a Facility Trainer and maintain Facility Trainer status. Details can be found on the AROC website aroc.org.au