

## Aim - to improve clinical rebabilitation outcomes

REGISTRATION FORM TAX INVOICE ABN 61 060 567 686 UNIVERSITY OF WOLLONGONG / SMAH / AROC	FIM Open Workshop Date: Monday 28 October 2024 Time: 0830 – 1600 Venue: Epworth Hawthorn, Basement Boardroom, 50 Burwood Road, Hawthorn, VIC, 3122
DELEGATE INFORMATION (please print clearly) First Name: Family Name: Facility/Organisation:	Please return your registration form to: FIM COORDINATOR Email: fim@uow.edu.au Registrations close: Monday 14 October 2024
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	<b>Cancellation Policy</b> Cancellations must be in writing and received no later than three working days prior to the session. No refunds for cancellations made after 23/10/2024 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
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	workshop. <b>PLEASE NOTE:</b> 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 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):         PO to be completed       PO document attached         Include Description on PO:       FIM 28/10/24 and YOUR last name         The PO document must be emailed to FIM@uow.edu.au         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):         BSB: 082 886       ACCOUNT NO: 038 110 002         BANK: NAB       BRANCH University of Wollongong         REFERENCE:       FIM 28/10/24 and YOUR last name.	FIM Exam Key (inclusive GST       \$45.10         TOTAL Australian Dollars       \$295.90         For Office Use Only       \$45.10
Email your Payment confirmation details and your completed Registration Form to: FIM@uow.edu.au	Payment Details: Date:Amount:
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.	

This document will be a TAX INVOICE for GST when you make full payment (in accordance with the ATO) – Please retain a copy