

## **Australasian Rehabilitation Outcomes Centre**

## Aim - to improve clinical rebabilitation outcomes

**WeeFIM Open Workshop** 

**Date:** Wednesday 22 May 2024 **Time:** 0900 – 1630

## TAX INVOICE ABN 61 060 567 686

ABN 61 060 567 686 UNIVERSITY OF WOLLONGONG / SMAH / AROC		Venue: Sydney Business School - Level 9, Board Room 1; (Gateway Building) 1 Macquarie Place, Circular Quay, NSW 2000  Please return your registration form to: FIM COORDINATOR Email: fim@uow.edu.au  Registrations close: Wednesday 8 May 2024  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 17/05/2024 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 workshop.	
DELEGATE INFORMATION (please print clearly)  First Name: Family Name: Facility/Organisation: 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 or dietary requirements?			
FOR WHAT ENVIRONMENT ARE YOU Rehabilitation Process (Please specify): Inpatient Substitute Inpatient eg: Hospital/RITH In-reach	Cone-Off Functional Assessment (eg: eligibility to NDIS, insurance scheme) Other, please specify:	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.	
	n Nursing are welcome to attend		
Applicant's Signature:	Ma	nager's Name:	
Date:	Ma	nager's Signature:	

Date. Wildinger 3 Signature.				
PAYMENT DETAILS & OPTIONS				
OPTION 1 - TO MAKE PAYMENT BY CREDIT CARD:	OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO):			
MASTERCARD UVISA U	PO to be completed PO docur	ment attached		
Cardholder (please print)	Include Description on PO: WeeFIM 22/05/24 and YOUR last name			
Email receipt to	The PO document must be emailed to FIM@uow.edu.au			
Expiry Date: / Signature:	YOUR PAYMENT DETAILS WeeFIM REGISTRATION FEES (inclusive GST) WeeFIM MANUAL (inclusive GST)	\$214.50 \$36.30		
OPTION 3 - TO MAKE PAYMENT BY EFT (Direct Transfer):  BSB: 082 886 ACCOUNT NO: 038 110 002	WeeFIM Exam Key (inclusive GST	\$45.10		
BANK: NAB BRANCH University of Wollongong	TOTAL Australian Dollars	<u>\$295.90</u>		
REFERENCE: WeeFIM 22/05/24 and YOUR last name.	For Office Use Only			
Email your Payment confirmation details and your completed  Registration Form to: FIM@uow.edu.au	Payment Details: 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.