

## **Australasian Rehabilitation Outcomes Centre**

## Aim - to improve clinical rebabilitation outcomes

**FIM Training Workshop** Date: Thursday 17 October 2024

Time: 0900 – 1630

## REGISTRATION FORM

LEGISTRATION FORIN	
TAX INVOICE	
ARN 61 060 567 686	

ABN 61 U6U 567 686 UNIVERSITY OF WOLLONGONG / SMAH / AROC	Sussex St, Darling Harbour NSW 2000	
DELEGATE INFORMATION (please print clearly)  First Name:  Family Name:  Facility/Organisation:  Country:  Mobile:  Email:	FIM COORDINATOR Email: fim@uow.edu.au  Registrations close: Thursday 3rd October 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 14/10/2024 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 workshop.  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	
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 LEARNING FIM?  Rehabilitation Process (Please specify):  Inpatient: Rehab GEM Both Substitute Inpatient eg: Hospital/RITH In-reach  Residential Aged Care  One-Off Functional Assessment (eg: eligibility to NDIS, insurance scheme) Other, please specify:		
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: Ma	nager's Name:	
Date: Manager's Signature:		

## **PAYMENT DETAILS & OPTIONS OPTION 1 - TO MAKE PAYMENT BY CREDIT CARD:** OPTION 2 - TO MAKE PAYMENT BY PURCHASE ORDER (PO): MASTERCARD $\square$ VISA 🗌 PO to be completed PO document attached Cardholder (please print) Include Description on PO: FIM 17/10/24 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) \$247.50 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** \$328.90 **BRANCH University of Wollongong** BANK: NAB REFERENCE: FIM 17/10/24 and YOUR last name. NOTE: this training session may be postponed if registration

numbers are low. You will be notified one (1) week prior to the Email your Payment confirmation details and your completed training date. Your registration can be transferred to another date or refunded. Registration Form to: FIM@uow.edu.au

This document will be your TAX INVOICE/RECEIPT once full payment is complete. It is the delegate's responsibility to retain a copy for taxation purposes. Regarding payment option 1, a transaction receipt will be sent to the person named in the 'Email receipt to' section. The tax invoice/registration form together with the transaction receipt, is required by the ATO to reclaim the GST and should be passed to the appropriate person in your organisation.