

CLINICAL UPSKILLING (NURSE & DOCTOR) TRAINING APPLICATION FORM 2025

TRAINING REQUIREMENTS

Please tick (☑) the appropriate box:

- NURSE UPSKILLING**
COST: \$225:00 (INCL GST) PER 3.5 HOUR CLINIC
- DOCTOR UPSKILLING**
COST: \$225:00 (INCL GST) PER 3.5 HOUR CLINIC

TRAINEE DETAILS

NAME: _____

POSTAL ADDRESS: _____

MOBILE: _____

EMAIL: _____

EDUCATION

PROFESSIONAL QUALIFICATION: _____

YEAR GRADUATED: _____

PROOF OF COMPLETION OF THEORY COMPONENT (PLEASE ATTACH EVIDENCE):

LOCATION OF TRAINING: _____

DATE OF COMPLETION: _____

OTHER RELEVANT QUALIFICATIONS: _____

**IT IS A REQUIREMENT OF TRAINING AT FPNT THAT YOU PROVIDE A COPY OF YOUR
CURRENT WORKING WITH CHILDREN CARD (OR EQUIVALENT) AND
EVIDENCE OF PROFESSIONAL INDEMNITY INSURANCE.
PLEASE ATTACH COPIES OF THESE DOCUMENTS TO YOUR APPLICATION.**

EMPLOYMENT DETAILS

Current Position: _____

Employer: _____

Work Location: _____

How long have you worked in your current position? _____

How long do you plan to practice in the NT? _____

How will the clinical skills which you acquire be used in your present job?

INVOICING DETAILS

Entity to be invoiced: _____

Contact Person: _____

Address for invoice: _____

Phone: _____

Email: _____

PREFERRED TRAINING DATES

Please provide your preferred training dates taking into account the following:

1. Requests for training should be made a minimum of **6 weeks** (or as early as possible) prior to the start date – urgent training clinics may be possible to arrange but may incur additional costs if extra staff cover is required.
2. Our training spaces are in high demand and we may not be able to provide you with the exact dates requested – we will work with you to find the most mutually agreeable dates

Preferred Dates: _____

CONDITIONS:

1. Theory component **MUST** be passed to apply for Clinical training.
2. This should be completed within 12 months of theory commencement.
3. Exceptions may be granted in exceptional circumstances only.

REFUND POLICY:

INVOICES AND PAYMENT:

1. Once an application for training has been received, FPNT will issue a Tax Invoice if appropriate.
2. It is the responsibility of the applicant to ensure that all payments have appropriate identification to ensure the payment can be credited correctly. A receipt will be issued and confirmation forwarded via email to notify acceptance and placement in the allocated course/training program.

CANCELLATIONS & REFUNDS:

1. Where a training program is cancelled for any reason by FPN, applicants will be rescheduled to a mutually agreed date. If an applicant is not in agreement with the rescheduled date, the training program fee will be fully refunded.
2. Where notice of withdrawal from a pre-paid training program is given 20 business days prior to the commencement of the training, fees will be fully refunded.
3. If an applicant cancels anytime less than 20 business days before the commencement course date, a 25% administration fee will be deducted from the fees paid, prior to a refund of the balance being made.
4. If training resource materials have been forwarded to the applicant, they must be returned to FPNT or a charge for resource material will be taken out of the applicants training fee refund.
5. If the applicant fails to attend the training program or cancels their attendance on Day 1 or after, no refund will be issued.
6. Refunds will be issued on written request via email or post from applicants in accordance with the cancellation requirements having been met. This refund will be forwarded to the applicant within 14 business days by direct deposit to their nominated bank account.
7. Applicant training fees are secured by FPNT maintaining a separate online bank account. Once the training program is completed, the financial officer or delegate will transfer training fee funds into FPNT working bank account.

PRIVACY:

Any information provided to FPNT will comply with the privacy act. Please read further information on privacy policy on our website www.fpwnt.com.au

DISCLAIMER:

While every effort will be made by FPWNT to help trainees achieve the required competencies, some trainees may require additional clinics & time to develop their skills to appropriate standards.

CONFLICT OF INTEREST:

Trainees cannot present as clients of FPWNT while completing their clinical training.

I confirm that I hereby wish to apply for clinical training with FPWNT and agree to comply with the terms and conditions described in this application:

NAME: _____

SIGNATURE: _____

DATE: _____

PLEASE RETURN THIS FORM TO:

Administration Officer,
Phone: 08 89480326
Email: admin@fpwnt.com.au

OFFICE USE ONLY:

APPLICATION RECEIVED: _____

CLINIC STAFF INFORMED: _____

THEORY COMPLETED: Y / N

EVIDENCE: CERTIFICATE / STUDENT REGISTER

NT REGISTRATION RECEIVED: Y / N

OCHRE CARD RECEIVED: Y / N

APPLICATION ACCEPTED: Y / N

DATE APPLICANT NOTIFIED: _____

INVOICE #: _____

DATE INVOICE SENT: _____

DATE PAID: _____

RESOURCE MATERIAL POSTED: _____

TRAINING DATES: _____