

## CERTIFICATE IN REPRODUCTIVE & SEXUAL HEALTH CLINICAL TRAINING APPLICATION FORM 2025

---

### TRAINING REQUIREMENTS

Please tick (☑) the appropriate box:

- NURSE'S REPRODUCTIVE AND SEXUAL HEALTH CERTIFICATE**  
TIME FRAME: 1-2 weeks full time or 6 weeks part time (Approx. 50 hrs of clinical training or 14 clinics)  
*NB. Previous documented relevant experience/assessment can count towards your clinical training.*  
COST: \$1,283 (includes GST)
- DOCTOR'S – FPAF CERTIFICATE IN REPRODUCTIVE AND SEXUAL HEALTH**  
TIMEFRAME: Minimum 7 clinics (3 hours each)  
COST: \$250 clinic (includes GST)

### 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](http://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](mailto: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: \_\_\_\_\_