

IUD Insertion Clinical Training Application Form (Post completion of online module)

TRAINING REQUIREMENTS

Please tick (☑) the appropriate box:

- IUD Clinical Training **FACE TO FACE** Simulated Practice
Fee: Included in payment made to FPNSW
- IUD Clinical Training **PATIENT CLINICAL SESSION #1** (4-5 Patients)
Fee: Included in payment made to FPNSW
- IUD Clinical Training **PATIENT CLINICAL SESSION #2** (4-5 Patients)
Fee: \$250:00 (incl GST)
- IUD Clinical Training **PATIENT CLINICAL SESSION #3** (If required at the trainer's discretion)
Fee: \$250:00 (incl GST)

- Fees will be invoiced upon completion of clinical training.
- Certification will be issued upon receipt of payment.

TRAINEE DETAILS

NAME: _____

POSTAL ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

MOBILE: _____

PRIOR EXPERIENCE RELEVANT TO INSERTING AND REMOVING IUDS:

- **PREVIOUS EXPERIENCE IN WOMEN'S HEALTH:** Contraception/ gynaecology etc.
- **NUMBERS / FREQUENCY OF INSERTIONS:** Mirena / Kyleena / Cu IUD
- **CLINICAL CONTEXT:** patient anaesthetised / sedated / awake / hospital / primary care setting
- **PROJECTED NUMBER & TYPES OF IUDS** you expect to insert in your current / prospective clinical practice

EMPLOYMENT DETAILS

CURRENT POSITION: _____

EMPLOYER: _____

WORK LOCATION: _____

How will the clinical skills that you acquire be used in your current job?

INVOICING DETAILS

ENTITY TO BE INVOICED: _____

CONTACT PERSON: _____

ADDRESS FOR INVOICE: _____

PHONE: _____

EMAIL: _____

It is a requirement of training at FPWNT that you provide a current
Professional Registration Certificate,
Working With Children (Ochre) Card
Evidence of Professional Indemnity Insurance –
Please attach copies of these documents to your application.

TRAINING DATES

Provisional dates will be agreed ideally prior to commencement of your online theory module.
Flexibility around these dates is subject to clinical capacity and is not guaranteed.
We will work with you to find the most mutually agreeable dates.

PLEASE STATE ANY KNOWN DATE RESTRICTIONS FOR TRAINING AVAILABILITY:

CONDITIONS OF REGISTRATION

INVOICES AND PAYMENT: (ABN 38 812 238 738)

1. Once an application for a training program has been received FPWNT will issue a Tax Invoice if appropriate. 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:

2. Where a training program is cancelled for any reason by FPWNT, students will be rescheduled to a mutually acceptable date. If a student is not in agreement with the rescheduled date the training program fee will be fully refunded.

WITHDRAWALS:

3. Where notice of withdrawal from a pre-paid training program is given 20 business days (4 weeks) prior to the commencement of the training, fees will be fully refunded.

4. If an applicant cancels anytime less than 20 business days of the commencement course date, a 25% administration fee will be deducted from the fees paid prior to a refund of the balance being made.

5. If training resource materials have been forwarded to the applicant they must be returned to FPWNT or a charge for resource material will be taken out of the applicants training fee refund.

NON ATTENDANCE:

6. If the student fails to attend the training program or cancels their attendance on Day 1 or after, no refund will be issued.

REFUNDS:

7. Refunds will be issued on written request via email or post from students in accordance with the cancellation requirements having been met.

This refund will be forwarded to the applicate within 14 business days by direct deposit to their nominated bank account.

8. Student training fees are secured by FPWNT maintaining a separate online bank account. Once the training program is completed, the financial officer or delegate will transfer training fee funds into FPWNT working bank account.

PRIVACY:

Any information provided to FPWNT 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,
Family Planning Welfare Association of the NT Inc,
PO Box 503, Nightcliff NT 0814
Phone: 08 89480326
Email: admin@fpwnt.com.au

OFFICE USE ONLY:

Date application Received: _____

Clinic Staff Informed: _____

* Professional indemnity insurance provided: Y / N

*Ahpra Registration Rec'd: Y / N

*Ochre Card Rec'd: Y / N

Application Accepted: Y / N

Applicant Notified: _____

Invoice #: _____

Date invoice sent: _____

Date invoice paid: _____

Training Dates: _____

Notes: _____

