

# IMPLANON TRAINING APPLICATION 2025

PLEASE COMPLETE ALL FIELDS

## APPLICANT DETAILS:

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>TITLE</b>			
<b>ADDRESS</b>	<b>RESIDENTIAL:</b> Unit #..... Street #..... Street Name..... Suburb: ..... City: ..... Postcode: .....		
	POSTAL (If different):		
<b>PHONE</b>	<b>Mobile:</b>	<b>Work:</b>	
	<b>Unique Student Identifier (USI) #</b>		
<b>EMAIL</b>	<b>Work:</b>		
	<b>Other:</b>		
<b>EMERGENCY CONTACT</b>	<b>Name:</b>	<b>Relationship:</b>	
	<b>Mobile:</b>	<b>Alternative contact number:</b>	
<b>DOB</b>			

## EMPLOYMENT DETAILS:

<b>JOB TITLE</b>	
<b>EMPLOYER</b>	<b>Organisation:</b>
	<b>Place of Work:</b>
	<b>Phone:</b>
	<b>Address:</b>
<b>DOCTORS ONLY:</b>	<b>QI &amp; CPD number:</b>

## INFORMATION:

Implanon NXT training requires prior completion one of the following -

1. FPNT Well Women's Health Unit HLTAHW027 or HLTASXH002
2. FPAA Reproductive Sexual Health Course for Nurses

(Tick one or two above if previously attended)

If you have not completed either course please provide evidence of other Women's Health training or a statement from your employer requesting your attendance.

## PLEASE INDICATE THE WORKSHOP YOU ARE APPLYING FOR:

TRAINING	LOCATION	DATES	COST	✓
IMPLANT NXT Workshop	DARWIN	TBC	\$150	
	NHULUNBUY	TBC	\$150	
	ALICE SPRINGS	TBC	\$150	

## PAYMENT METHOD:

<input type="checkbox"/> <b>PARTICIPANT FUNDED</b> An invoice will be forwarded.	
<input type="checkbox"/> <b>EMPLOYER FUNDED</b> Please provide a copy of the purchase order and/or invoicing details	
<b>CONTACT PERSON /MANAGER</b>	
<b>PHONE #</b>	
<b>INVOICE ADDRESS</b>	
<b>EMPLOYER NAME &amp; SIGNATURE</b>	
FPWNT 'Training courses & fee refund policy' accessible via <a href="http://www.fpwnt.com.au">www.fpwnt.com.au</a>	

## APPLICANTS TO READ AND COMPLETE THE FOLLOWING:

### **PRIVACY, CONFIDENTIALITY AND SECURITY AGREEMENT**

Family Planning Welfare Association NT [FPWNT] is committed to compliance with relevant privacy, confidentiality and security legislation – to protect our clients, our staff and our organisation. As a part of this, individuals are required to understand their obligations and responsibilities including what it means to sign this privacy, confidentiality and security agreement.

All persons, including FPWNT employees, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain privacy, confidentiality and security of that information. Confidential information may include (but is not limited to) information relating to:

- ❖ Clients and/or family members e.g. health records.
- ❖ Employees, contractors, volunteers, students e.g. salaries, employment records
- ❖ Third parties e.g. vendor contracts, computer programs, technology
- ❖ Business information e.g. financial records, reports, memos, contracts, computer programs, technology
- ❖ Operations improvement, quality assurance, peer review

FPWNT will ensure your personal training information is secure at all times.

FPWNT will, when required, submit data sourced from this enrolment form to the national VET administrative collection as a regulatory requirement of our RTO compliance (third party).

The information we collect may be therefore requested by VET regulators and associated Government Departments and your employer –only if your employer paid for your training.

If you have any questions or concerns relating to privacy, confidentiality or security of information, please contact the Chief Executive Officer of FPWNT

**APPLICANT DECLARATION:**

I .....  
declare that:

- ❖ I have read and do understand my rights and responsibilities in regard to privacy, confidentiality and security.
- ❖ I have read and understand the information contained in FPWNT’s Participant Information Handbook.
- ❖ I understand my rights and responsibilities as a training participant and how my personal training information collected by FPWNT will be used.
- ❖ I agree to abide by the above policies and procedures of FPWNT in regard to my conduct and actions throughout the course of my training and/or any clinical placement.
- ❖ To the best of my knowledge, the information given in this application is correct and complete.
- ❖ I understand and accept that FPWNT reserves the right to withdraw my offer of enrolment at any stage during my course where false or misleading information has been provided.
- ❖ I have read and agree to the terms of the FPWNT ‘Training course refund policy’.
- ❖ I understand my placement / registration will not be confirmed until full payment (or Department of Health approval) has been received by FPWNT prior to the course.

**SIGNATURE:** .....

**DATE:**.....

**FOR OFFICE USE ONLY:**

**RECEIVED:**

.....

**APPLICATION COMPLETE: YES / NO**

**ACCEPTANCE EMAIL SENT ON:**.....

**REGISTRATION FEE:** .....

**INVOICE #:** .....

**DATE SENT:** .....

**PAYMENT RECEIVED:** .....

**OTHER:** .....