

TRAINING APPLICATION 2025

Please complete ALL fields

FIRST NAME		Last Name	
TITLE			
ADDRESS	Residential: Unit #..... Street #..... Street name..... Suburb: City: Postcode:		
	Postal (If different):		
PHONE	Mobile:	Work:	
	Unique Student Identifier (USI) #		
EMAIL	Work:		
	Other:		
EMERGENCY CONTACT	Name:	Relationship:	
	Mobile:	Alternative contact number:	
SPECIAL DIETARY REQUIREMENTS			

EMPLOYMENT DETAILS: (COMPLETE ALL)

JOB TITLE	
EMPLOYER	Organisation:
	Place of Work:
	Phone:
	Address:
DOCTORS ONLY:	QI & CPD number:

DEMOGRAPHIC DETAILS:

DOB		GENDER		PLACE OF BIRTH	
Australian Citizen <input type="checkbox"/>		Permanent Resident <input type="checkbox"/>		Other <input type="checkbox"/>	
Spoken language at home:					
Disability Special Assistance Requirements:					
Additional Identifier information:			Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	
			Both <input type="checkbox"/>	Neither <input type="checkbox"/>	
Employment status	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Student <input type="checkbox"/>
Highest completed level of Tertiary Education	Bachelor's degree or higher <input type="checkbox"/>				
	Advanced/associate diploma <input type="checkbox"/>				
	Certificate III / IV (V.E.T. TRAINING) <input type="checkbox"/>				
	Other <input type="checkbox"/>				
Please specify.....					
Year Tertiary Qualification attained					

PLEASE INDICATE THE TRAINING YOU ARE APPLYING FOR:

TRAINING	LOCATION	DATES	COST	✓	IMPLANON NXT ✓
WELL WOMEN'S HEALTH Unit (HLTASXH002) Plus Implant NXT training (Where available. Please tick if wishing to attend. Places limited)	DARWIN	24 th – 28 th MARCH	\$1,820		
	NHULUNBUY	NOT OFFERED IN 2025	\$1,820		
	DARWIN	28 th JULY – 1 st AUGUST	\$1,820		
	ALICE SPRINGS	6 th – 10 th OCTOBER	\$1,820		
	DARWIN	17 th – 21 st NOVEMBER	\$1,820		
A limited number of DoH funded positions are available for each course					
Registration fee for Well Women's Health Unit includes both theory and clinical training. Please contact admin@fpwnt.com.au if you wish to attend the theory component only. Registration fee will be adjusted accordingly.					
REPRODUCTIVE & SEXUAL HEALTH COURSE (NURSES)	DARWIN	16 th – 20 th JUNE	\$1,347		NA
REPRODUCTIVE & SEXUAL HEALTH COURSE (DOCTORS)	DARWIN	NOT OFFERED IN 2025	—	—	—
IMPLANT NXT WORKSHOP (DOCTORS)	DARWIN	Dates TBC	TBC		NA
FPWNT 'Participant information handbook' accessible via www.fpwnt.com.au					

REASON FOR FURTHER STUDY:

Of the following categories, please ✓ which best describes your main reason for training:	
To gain employment	<input type="checkbox"/>
To gain promotion	<input type="checkbox"/>
Personal interest / self-development	<input type="checkbox"/>
Job requirement	<input type="checkbox"/>
Upskilling	<input type="checkbox"/>
To start a business	<input type="checkbox"/>
To develop an existing business	<input type="checkbox"/>
To gain entry into another course of study	<input type="checkbox"/>
Other (please specify).....	<input type="checkbox"/>

PAYMENT METHOD:

<input type="checkbox"/> PARTICIPANT FUNDED Payment will be invoiced & due <u>prior</u> to commencement of training. For payment plan options please contact admin@fpwnt.com.au	
<input type="checkbox"/> DEPARTMENT OF HEALTH FUNDED EMPLOYEE Funded under partnership between FPWNT and Top End Health Service.	
<input type="checkbox"/> EMPLOYER FUNDED Please provide a copy of the purchase order and/or invoicing details	
CONTACT PERSON OR MANAGER	
PHONE #	
INVOICE ADDRESS	
EMPLOYER NAME & SIGNATURE	
FPWNT 'Training courses & fee refund policy' accessible via www.fpwnt.com.au	

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. To this end, 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 the following:

- ❖ 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.

DECLARATION:(ALL APPLICANTS MUST COMPLETE)

I
declare that:

- ❖ I have read and 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:.....

CHECKLIST – ✓ TO ENSURE YOUR APPLICATION IS COMPLETE	
Application form with <u>all</u> fields completed.	<input type="checkbox"/>
Signed declaration.	<input type="checkbox"/>
Evidence of professional indemnity insurance certificate	<input type="checkbox"/>
Unique Student Identifier (USI) USI information accessible via www.fpwnt.com.au or contact admin@fpwnt.com.au	<input type="checkbox"/>
It is the applicant's responsibility to ensure this registration form is complete & includes ALL required documentation as outlined on the checklist above. Incomplete applications will be delayed.	

FOR OFFICE USE ONLY	
DATE RECEIVED:	
Completed application form with all fields populated.	<input type="checkbox"/>
Evidence of professional registration certificate	<input type="checkbox"/>
Evidence of professional indemnity insurance – APHRA Check	<input type="checkbox"/>
USI number provided.	<input type="checkbox"/>
Application complete: Yes / No	
Information +/- documentation currently outstanding:	
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Acceptance email date sent	
Registration fee: \$.....	
Invoice #.....	
Date Sent.....	
Payment received: Yes / No	
Other:	
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