



Australasian Rehabilitation Outcomes Centre

Aim - to improve clinical rehabilitation outcomes

REGISTRATION FORM TAX INVOICE ABN 61 060 567 686

FIM™ FACILITY TRAINER WORKSHOP

28 October 2013

SYDNEY BUSINESS SCHOOL Gateway Bldg, 1
Macquarie Street Circular Quay Sydney – Lecture
Theatre 5 Level 9 Time: 9:30AM – 4:00PM

DELEGATE INFORMATION (please print)

First Name:.....
Family Name:.....
Facility:.....
Postal Address:.....
.....
City:.....State:Postcode:.....
Tel(Bus)Tel (Home).....
Fax (Bus).....Mobile:.....
Email:.....
Special Needs (dietary/disabled etc).....
.....
Person to notify of last minute changes.....
Contact Phone Number

REGISTRATION FEES

FIM Workshop \$176.00
FIM Training Manual \$ 38.50
Total \$214.50

Please return your registration form to:

FIM TRAINING & DEVELOPMENT COORDINATOR
CENTRE FOR HEALTH SERVICE DEVELOPMENT
UNIVERSITY OF WOLLONGONG NSW 2522
Phone: (02) 4221 5282 Fax: (02) 4221 4679

Registrations close: **14 October 2013.**

Cancellation Policy

Cancellations must be in writing and received no later than three working days prior to the workshop. No refunds for cancellations made after 16 October 2013. However, your registration may be transferred to another person within your facility. AROC must be advised of the transfer not later than 2 working days prior to the commencement of the workshop.

Clinical Discipline (circle one) Medicine Nursing Physiotherapy Speech Therapy Occ. Therapy Other

Current FIM Credentialling Status:(circle one) Facility Trainer Clinician Unknown Not Previously Credentialed

Please contact us if you are unsure of your current credentialling status

Applicant's Signature:..... **Manager's Signature & Name:**.....

PLEASE NOTE: This registration form is your TAX INVOICE. It is the delegate's responsibility to retain a copy of the tax invoice/registration form. The receipt of payment will be sent to the person named in the delegate information section. The tax invoice/registration form together with the receipt, is required by the ATO to reclaim the GST and should be passed to the appropriate person in your organisation.

PAYMENT DETAILS & OPTIONS

TO MAKE PAYMENT BY CREDIT CARD

MASTERCARD ☐ VISA ☐

Cardholder (please print).....

Expiry Date.....Signature.....

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TO MAKE PAYMENT BY EFT:

BSB: 082 886 ACCOUNT NO: 038110002

BANK: NAB BRANCH University of Wollongong

REFERENCE: FIM2810 and YOUR last name/first name as your reference.

Email fim@uow.edu.au or Fax 02 4221 4679 – you must send confirmation

details to AROC on the day of the transaction, including your registration form.

PAYMENT DETAILS

FIM REGISTRATION FEES (includes GST) _____

FIM MANUAL (includes GST) _____

TOTAL _____

This document will be a tax invoice for GST when you make full payment (in accordance with the ATO) – Please retain a copy