



Pap Smear Provider Theory including STI for Regional Nurses 2010

Geraldton 2 – 6 August 2010
APPLICATION FORM

Name: _____

Present employer: _____

Briefly describe the nature of your present work: _____

What are your reasons for wanting to do this program? _____

How might your work, or the way you carry out your work, change as a result of completing this program? _____

Please rate your current level of competence in:

	Beginner	Developing	Competent
(i) Sexual Health Issues	1	2	3
(ii) Clinical Practice in Sexual Health	1	2	3

Please list in summary form, your education qualifications, your nursing and work experience (or attach curriculum vitae). Please attach a copy of your current Registration Certificate also.

Thank you for providing this information which will be used in the selection process.

PLEASE NOTE:

Fax your application to: Lynne Edwards, Mid West Division of General Practice, Geraldton WA 6530

Ph: 9920 7100 Fax: 9964 3487 or lynne@gpnetwork.org.au

Lynne will forward your application to FPWA – Leza Bridges leza.bridges@fpa.org.au

Applicants may be asked to discuss their application with FPWA's Nurse Educator:

Kay Morton, Nurse Educator, FPWA, Ph: 08 9227 6177 or kay.morton@fpa.org.au

Please turn over and complete registration form.

**Regional Pap Smear Provider Course Theory including STI
Geraldton, 2 – 6 August 2010
FPWA Sexual Health Services**

Monday 2nd – Thursday 5th August at Midwest GP Network - 32 Holland St – 9.00 to 5.00
Friday, 6 August - St John of God Specialist Centre, Training Room, Hermitage Street – 9.00 to 5.00

REGISTRATION DETAILS

Name: _____

Preferred name for id badge: _____

Home Address: _____

Work Place: _____

Work Address: _____

Suburb _____ Post Code _____

Suburb _____ Post Code _____

***e-mail required** _____

***e-mail required** _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Fax: _____

Do you identify as Aboriginal or Torres Strait Islander? **Yes** **No**

Do you have any special dietary requirements? **Yes** **No**

If yes, please give details: _____

AGREEMENT FROM MANAGER TO ATTEND THIS COURSE

Name of manager: _____

Position: _____

I have agreed that _____ (name of participant) can attend this course. I understand that if this registration is cancelled within 4 weeks of the start of the course my organisation will be liable to pay \$100 to be split equally between MWDGP and FPWA.

Yes **No**

Signature of manager: _____

Privacy Statement

FPWA respects your privacy. In line with the Privacy Act 1988, FPWA will store all personal information in a secure manner to be accessed by authorised staff only. Personal and sensitive information collected by FPWA is not shared with other organisations or government bodies except where there is a legislative requirement to do so. The above information is required for administrative purposes only.

If you would like to receive information about other courses at FPWA or subscribe to our free e-newsletter please tick the relevant boxes.

I would like to receive information about other FPWA courses **Yes** **No**

I would like to subscribe to the free FPWA e-newsletter **Yes** **No**

I (please circle) agree/do not agree to FPWA or MWDGP using any photos taken of myself during this course/workshop for the purposes of positive promotion (eg; website, annual report).

Signature _____ Organisation _____

Position _____ Date _____

To all participants: Daily attendance is required. Pre-reading and pre-course assignment information will be emailed to you 5-6 weeks prior to course commencement. Access is via FPWA website. Please allow a minimum of 8 hours to complete. Pre-course assignments are due on day one of the course. There will also be a take home assignment after the course and must be completed prior to clinical practicum.

Please send completed application/registration form before closing date 12 July 2010 to:

Lynne Edwards, Mid West Division of General Practice, 32 Holland St GERALDTON WA 6530
PO Box 2638 GERALDTON WA 6531 Ph: 9920 7100 Fax: 9964 3487 or lynne@gpnetwork.org.au

Lynne will forward your registration to: Leza Bridges, FPWA, PO Box 141, NORTHBRIDGE WA 6865
Ph: 08 9227 6177 FAX: 08 9227 6871 or leza.bridges@fpwa.org.au

Facilitator, Kay Morton, Nurse Educator, FPWA 08 9227 6177 kay.morton@fpwa.org.au

Please turn over and complete application form.