



Sexual and Reproductive Health Training for Nurses 1 July 2017 to 30 June 2018

Name _____ Job Title _____
 Work Place _____ Phone _____
 Work Address _____
 Suburb/Town _____ Post code _____
 Email _____
 Home address _____
 Mobile _____

Theory *Remember to confirm your theory placement with Sonya before booking travel arrangements.*

Please tick the course and date you wish to attend - (fees are GST free)

1. The Bare Essentials	\$395	\$.....
<input type="checkbox"/> 24 to 25 Oct 17 <input type="checkbox"/> 12 to 13 Jun 2018		
2. Cervical Screening - (theory 3.5 days)	\$700	\$.....
<input type="checkbox"/> 12 to 15 Feb 2018 <input type="checkbox"/> 18 to 21 Jun 2018		
3. STI Clinical Management (face to face or on-line option)	\$140	\$.....
<input type="checkbox"/> 27 Oct 17 <input type="checkbox"/> 14 Jun 2018		
4. Men, Women and Sex	\$40	\$.....
<input type="checkbox"/> 2 Nov 17 <input type="checkbox"/> 21 Jun 2018		
5. Men's Sexual and Reproductive Health	\$30	\$.....
<input type="checkbox"/> on line plus assesments		
6 & 7. Contraception and Communication in Practice	\$140	\$.....
<input type="checkbox"/> 26 Oct 17 <input type="checkbox"/> 15 Jun 2018		
Total cost for all modules	\$1445	\$.....

Clinical

Clinics are costed at \$85.00 per clinic. Usually 6 clinics are required for the cervical screening module or 12 clinics for the full certificate. Some nurses may get the opportunity to practice the cervical screening procedure in their own work place so may need less than 6 clinics at SHQ. In this instance the number of clinics required are to be determined with the Manager of Clinical Education.

Number of Individual clinics.....x	\$85	\$.....
6 Clinics.....	\$510	\$.....
12 Clinics.....	\$1020	\$.....
(Prices are GST free)	Total	\$.....

Payment Method (please tick):

Credit Card EFT Please email sonya.arcidiacono@shq.org.au for details

If the registered person is not paying then please enter the name of the person or organisation making payment:

Card Type : VISA / MASTERCARD

Full name on card: _____

Card Number: _____ / _____ / _____ / _____ Exp Date ____/____

Amount: _____ Signature of card holder: _____

This registration becomes a tax invoice on payment. Keep a copy for your records.

ABN 152 750 99 026

Please read Fees and Refunds Policy and sign on next page

I identify as an Aboriginal or Torres Strait Islander person Yes No

I identify as Male Female Other

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 (circle) 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, and your work experience .
Any nurse applying for a Clinical Practicum, please attach a copy of current Registration Certificate.

Fees and Refunds Policy

<http://shq.org.au/bookings-and-refunds-policy/>

Privacy Statement

<http://shq.org.au/privacy-policy/>

Declaration (all applicants must complete)

I declare that to the best of my knowledge the information given in this application is correct and complete. SHQ 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 abide by the Fees and Refunds Policy of SHQ. I understand my registration will not be confirmed until full payment has been received by SHQ prior to course.

Signature: _____ Date: _____



This certificate is endorsed by CAN according to our Continuing Professional Development (CPD) Endorsed Course Standards. It has been allocated CPD hours according to the Nursing and Midwifery Board of Australia – Continuing Professional Development Standard.