



Sexual and Reproductive Health Training for Nurses

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

Theory *Remember to confirm your theory placement with the clinical education coordinator before booking travel arrangements.*

Please tick the module(s) you wish to register in - (fees are GST free)

Module 1. The Bare Essentials	\$395	\$.....
<input type="checkbox"/> 21 & 22 November 2018		
Module 2. Cervical Screening - (theory 3.5 days)	\$700	\$.....
<input type="checkbox"/> 26 – 29 November 2018		
Module 3. STI Clinical Management	\$140	\$.....
<input type="checkbox"/> Online Module		
Module 4. Men, Women, Sex, and Module 5. Men’s Sexual and Reproductive Health	\$70	\$.....
<input type="checkbox"/> Online Module		
Module 6. Contraception, Communication, Choice and Module 7. Motivation in Sexual Health	\$140	\$.....
<input type="checkbox"/> 23 November 2018		
Total cost for all modules	\$1445	\$.....

Supervised Clinical Attachment (SCA)

Supervised clinical attachment is costed at \$90.00 per clinical session. Usually 6 clinical sessions are required for the cervical screening module or 12 clinical sessions 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 clinical sessions at SHQ. In this instance, the number of clinics required is to be negotiated with the Manager of Clinical Education.

Supervised Clinical Attachment x 1.....	\$90	\$.....
Supervised Clinical Attachment x 6	\$540	\$.....
Supervised Clinical Attachment x 12.....	\$1080	\$.....
(Prices are GST free)	Total	\$.....

Payment Method (please tick):

Credit Card EFT Please email clinic.ed@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

Gender I identify as _____

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 Supervised Clinical Attachment, 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 ACN 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.