



Trauma Nursing Core Course (TNCC)

Application form

Full name Dr/Mr/Mrs/Ms/Miss: _____

Preferred name on name badge: _____

Gender: Female Male Undisclosed Non-binary

Do you identify as Aboriginal and/or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander Both Prefer not to say

Mailing address: _____

Email address: _____

Telephone numbers: Business: () _____ Mobile: _____

Age: _____ (for research purposes only)

Employer: _____

Job title: _____

Department: _____

Eligibility

This course is highly recommended for all nurses working in emergency settings, intensive care and other trauma care facilities. It is advised that course participants have at least six months of clinical nursing experience in Emergency/Trauma care related settings.

Years of Emergency/Trauma Nursing Experience: _____

Nursing classification: EN RN CN SRN3 NP Other: _____

Years since qualified: _____

Highest level of education: Diploma Degree Grad Dip Cert Masters PhD/Doctorate

Other: _____

Emergency/Trauma Nursing Experience: ED ICU HDU Trauma Unit

Orthopaedic Rural/Remote Other: _____

Have you ever completed a TNCC Course? Yes No

If "Yes" where? State: _____ Country: _____ Year: _____

Have you ever completed any other Emergency/Trauma Nursing Course? Yes No

If "Yes" please specify: _____

How did you hear about the course? Poster Website Word of mouth Manager/SDN

What type of TNCC Course are you applying for? Provider Renewal Course Observer

Preferred TNCC Course Date 1: _____ Preferred TNCC Course Date 2: _____

Please note that whilst all efforts will be made to honour one of your course selections we are unable to guarantee placement. Applicants' names will be placed on a waiting list and positions will be filled from that list. Offers will be made approximately three months before the course date. All offers are valid for 14 days, once accepted, cancellation policy applies.

Cancellation policy

The Western Australian Trauma Training and Education Unit (WATTEU) Cancellation Policy applies to all courses conducted/facilitated by WATTEU.

Registering for a WATTEU course implies full acceptance of the cancellation policy and the conditions for registration fees, withdrawal, refunds, transfers and cancellations. Administrative fees apply to cancellations.

The cancellation policy can be found at https://ww2.health.wa.gov.au/Articles/U_Z/WATTEU-Courses-Cancellation-Policy

Privacy statement

WATTEU is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. WATTEU is collecting the information on this form for the purpose of processing your course registration, contacting you in event of cancellation and to conduct analysis/research to identify the ongoing needs of registrants. This information may be disclosed to those responsible for the administration and conduct of the course including external parties who provide administrative and organisational support. The Unit may also need to verify the information provided on this form with external institutions or individuals, and gather additional information in order to process your registration. We may also disclose personal information where we are required to do so by law. If you fail to provide this information the Unit will be unable to process your registration.

You have a right to access any personal information which WATTEU holds about you, subject to the exceptions in the *Privacy Act 1988*. Please contact WATTEU on (08) 6457 3699 if you would like to access or correct the personal information we hold about you.

Media release authority

During your participation in our courses, still photographs may be taken and video recordings may be made, which at times WATTEU may show for educational or for marketing or promotion to the health care professional community. By signing below, you authorise WATTEU the right to use any course recordings for the above purposes. You will not be specifically identified by name unless otherwise approved.

Confidentiality

The effectiveness of the scenarios relies partly on the element of surprise and this will be degraded for future groups if you discuss the specifics, so we request that you do not divulge the technical details of the scenarios. Maintaining the confidentiality of you and your colleagues is essential so we ask that you do not discuss the performance of other participants on the course.

By signing below you will be agreeing to adhere to all the terms and conditions of this application.

Signature: _____ Date: ____ / ____ / ____

Provider Course Costs:

WA Health Employees	\$775.00
Non WA Health Employees	\$1,175.00
Course Observer	\$725.00

Fast Track Course Costs:

WA Health Employees	\$475.00
Non WA Health Employees	\$715.00

The above fees include access to online modules, course manual, lunch and refreshments

Payment can be made via credit card, money order or cheque, made payable to Sir Charles Gairdner Hospital Cost Centre 040 0075. Payment is not processed until confirmed on a course, payment instalments available.

Hospital/Employer to pay <input type="checkbox"/>	Date ____ / ____ / ____
Manager's name _____	Signature _____

Please forward applications to:

Trauma Education
Sir Charles Gairdner Hospital
3rd Floor A Block
Verdun Street
Nedlands WA 6009
Ph: (08) 6457 3699
Fax: (08) 6457 1617
Email: WATTEU@health.wa.gov.au

Debit my: Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>		
Card no. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date ____ / ____	Signature _____		
Name on card _____			