



Foundation of Faith Community Nursing Registration Form

To register you must:

- Submit this completed Registration Form
- Submit your full Registration Fee of \$300 for AFCNA members (\$400 all others)
- The fee for this internationally recognised course includes:
 - *On-line tuition* - course administration, course notes and resources
 - *AFCNA information packs x 3* – Introduction, Planning and Documenting Faith Community Nursing booklets and accompanying documentation valued at \$125 for AFCNA members (\$250 all others)
 - *Completion Certificate* (you must complete all topics and an evaluation form to receive your certificate)
 - *Refund policy*: Request received no later than 2 weeks before course commencement will receive a partial refund of \$200. (An administration fee of \$100 will be retained). Once course materials have been delivered to participants there will be no refund.
- Your link to access the course will be emailed to you 1 week before the commencement date of your course.
- Students have 6 months to complete the course. Extensions can be provided for extenuating circumstances.
- When registering for this course you agree to being the sole student and not distributing materials to others.
- Please complete this form legibly to ensure your registration is processed accurately (especially your email).

Your contact details

First Name:	Last Name :
Preferred title: Mrs/Ms/Mr/Mr	Preferred Name:
Date of birth: / /	Phone: Mobile:
Email (print clearly):	
Street:	
Suburb/City:	Postcode:

Your role

Role (tick all that apply): Registered Nurse Enrolled Nurse Registered Health Practitioner Other

Years in this role:

Work/ministry setting: Hospital Aged care Community care Disability care Pastoral care
Church ministry Other Please provide details:

Your church/ faith community/ organisation:

How did you hear about this course:

Your AHPRA registration (for registered health professionals only)

AHPRA Registration Yes No AHPRA Reg. No.:

Your payment details

Amount: Date of payment:

Payment Type: Cheque Money order Electronic funds transfer

To transfer funds electronically to AFCNA: **BSB 704 – 922 Account No.100012768**
Please insert your name as reference code. Scan and email or post the Registration Form so we have your correct details. Don't forget to let us know if you change your email address during the course!
AUSTRALIAN FAITH COMMUNITY NURSES ASSOCIATION (AFCNA) PO BOX 2707, KENT TOWN, SA. 5071

Name: Signature: Date: