



Foundation of Faith Community Nursing - Registration Form

To register you must:

- Submit this completed Registration Form & your full Fee of \$300 for AFCNA members (\$400 all others)
- Complete and sign the permissions on the second page
- The fee for this internationally recognised course includes:
 - On-line tuition - course administration, course notes and resources
 - AFCNA information packs x 3 and documentation templates- valued at \$125 AFCNA members (\$250 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). No refund after course materials delivered.
- 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 form legibly to ensure your registration is accurate (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:

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

Your church / denomination / organisation:

How did you hear about this course?:

I would like to work as an FCN? Yes No I am already working as an FCN Yes No

Are you already working as a paid or volunteer FCN? Paid Volunteer How many hours/week?

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: _____



Authority to use Personal Information Form

Information on this form is part of the record of 'Foundation' course graduates stored by Australian Faith Community Nurses Association Inc (hereafter referred to as AFCNA) and Westberg Institute. This record provides vital statistics about Faith Community Nursing nationally and globally and allows AFCNA and the Westberg Institute to connect with you about ways to further your practice and ministry. Your personal information is never shared with any third party.

We will take a 'class photo' of our Foundations graduates and this will be submitted to the Westberg Institute and may be featured in newsletters, website and promotional material of AFCNA and/or Westberg Institute.

To keep up with ongoing FCN practice information about Faith Community Nursing and to network with other FCNs in Australia and our region, become a member of AFCNA and maintain your annual membership. Join AFCNA's Community of Practice and meet via Zoom with other FCNs. You can also join the Westberg Institute Knowledge Sharing Platform, which is an online community for Faith Community Nurses. It has over 1,600 nurses on the platform and 90 topic-based groups so there is always information available to support you using both these options.

Please discuss with us if this causes you any concern, otherwise your registration will act as your permission.

Media permission (e.g. photo, article, life story, poem, artwork, video clip...)

I the undersigned authorise AFCNA to provide Westberg Institute with the following information and/or media for record keeping/promotional purposes.

I understand I will not receive payment for use of this material.

Media: Information on this form, photograph/s during the course and class photo on graduation

I consent to the information being used for the purposes (explained above) of:

- Information entered into the Foundations course graduate register
- Article or brief note in an upcoming AFCNA/Westberg newsletter of recent course graduates
- Personal or class image may be used in Westberg Institute and/or AFCNA newsletter to acknowledge achievements and promote the course and/or the FCN role

AUTHORISATION:

Name: _____ Signature: _____ Date: _____