



## Sexual and Reproductive Health Certificate (Nursing) 2021

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
Suburb inc post code \_\_\_\_\_  
Email \_\_\_\_\_  
Workplace name & address \_\_\_\_\_

**Theory** If all theory modules are purchased together we offer a discount bringing the total cost to \$1732.50 inc GST

Please tick the course and date(s) you wish to attend

<b>Module 1. The Bare Essentials</b> .....	<b>\$440</b>	<b>\$.....</b>
<input type="checkbox"/> 10 May 2021 <input type="checkbox"/> 23 August 2021		
<b>Module 2. Cervical Screening - (theory 1.5 days)</b> .....	<b>\$825</b>	<b>\$.....</b>
<input type="checkbox"/> 15 - 16 February 2021 <input type="checkbox"/> 11 - 12 May 2021 <input type="checkbox"/> 24 - 25 August 2021		
<b>Module 3. STI's in WA Primary Care</b> .....	<b>\$165</b>	<b>\$.....</b>
<input type="checkbox"/> Online Module		
<b>Module 4. People &amp; Sex</b> .....	<b>\$165</b>	<b>\$.....</b>
<input type="checkbox"/> Online Module		
<b>Module 5. Andrology Matters</b> .....	<b>\$165</b>	<b>\$.....</b>
<input type="checkbox"/> Online Module		
<b>Module 6. Contraception in Practice and Module 7. Communication</b> .....	<b>\$220</b>	<b>\$.....</b>
<input type="checkbox"/> 13 May 2021 <input type="checkbox"/> 26 August 2021		
Subtotal if individual theory modules purchased		\$.....
Subtotal including discount if all theory modules purchased		<b>\$1732.50</b>

### Supervised Clinical Attachment (SCA)

Supervised clinical attachment is costed at \$99.00 inc GST per clinical session. Usually 6 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. Some organisations prefer to pay for supervised clinical attachment at the same time as theory registration, individuals do not need to pay for supervised clinical attachment until they book this part of the course or they are instructed to do so by a member of the clinical education team.

Supervised Clinical Attachment x 6 .....	<b>\$594</b>	<b>\$.....</b>
Supervised Clinical Attachment x 12.....	<b>\$1188</b>	<b>\$.....</b>
Grand total (Theory + SCA)		<b>\$.....</b>

**All prices include GST**

### 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**  
**Family Planning Association of WA, 70 Roe St Northbridge WA 6003, ABN 152 750 99 026**

**Please read our fees and refunds policy <https://shq.org.au/education/clinical-education/clinical-education-refund-policy/> before signing this page**

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

Gender \_\_\_\_\_ Pronouns \_\_\_\_\_

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 Supervised Clinical Attachment, please attach a copy of current Registration Certificate.

\_\_\_\_\_

\_\_\_\_\_

If you are attending Module 2 Cervical Screening, you will be supervised by an SHQ clinical instructor to perform a consultation during the course. This includes taking a cervical screen. If you so choose you may opt to perform a cervical screening on a fellow course participant and vice versa. If not, external teaching associates will be utilised and receive an honorarium included in the fees.

### **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: \_\_\_\_\_

*Remember to confirm your theory placement with the Clinical Education Coordinator before booking travel arrangements.*



Please return this registration via fax to 08 9227 6871 or email [clinic.ed@shq.org.au](mailto:clinic.ed@shq.org.au). Any queries regarding SCA requirements please contact: Elena Donaghy, Nurse Educator [elena.donaghy@shq.org.au](mailto:elena.donaghy@shq.org.au)