



Operator training for i-STAT & WBC DIFF devices is only available to staff at enrolled health centres and this training application must be authorised by a Health Centre Manager or equivalent. Send completed form to ntpot@flinders.edu.au

Privacy Statement: The information provided by you in this form is being collected by or on behalf of Flinders University International Centre for Point-of-Care Testing and its collection, use and storage will be governed by the Flinders University <u>Privacy Policy</u>. The information you provide will be used for Flinders University's business and research activities and for required metrics reporting of de-identified information by Flinders University to the State and Federal Governments.

APPLICANT DETAILS					*mandatory
Name*					
Current Health Centre/Clinic*					
Date starting at clinic* (if known)					
Work email address*					
Personal email address*					
Preferred phone number(s)*					
ROLE* Select all that apply □ Nurse - contract □ Nurse - casual	☐ Health Centre/C☐ Medical Officer/☐ Aboriginal or To☐ Other Please spec	Doctor	r Health Practi	tioner/Wo	rker
I would like to register for the following operator training:*					
i-STAT □ online course - self-gui □ webinar/videoconferer		WBC DIFF	□ webinar/	videoconfe	erence (1.5 to 2 hours)
For webinar/videoconference, ind	icate your	□ Wed am	☐ Thurs	am	☐ Fri am
preferred day(s) and time(s)*	-	□ Wed pm	☐ Thurs	pm	☐ Fri pm
If you have a current 4-digit NT i-STAT or WBC DIFF Operator ID, record it here:					
 APPLICANT DECLARATION* I understand: I consent to Flinders University International Centre for Point-of-Care Testing collecting and using the information contained in this application form for the purposes set out above and subject to the Flinders Privacy Policy (link above). upon approval of this application, I will be issued with an operator ID for training on the device(s) selected above. this ID is for my use only and will expire 2 weeks from the date of issue, so I must undertake operator training as soon as possible. while I'm undergoing training, I can use the i-STAT, but not the WBC DIFF, POC device in emergency situations. 					
I wish to receive the NT POCT Program	n Newsletter 🔲	no 🗆 yes, via	work email	□ yes, v	ia personal email
Signature*			Date*		
MANAGER/SUPERVISOR AUTHORISATION* I authorise the applicant to receive operator training for the POC device(s) selected above. Name* Role*					
Signature*			Date*		
Register your interest in POCT operator training for other International Centre for Point-of-Care Testing Programs below. We will pass your request onto the relevant team(s). Please note, these programs may not be available at your health centre. Check enrollment status with your Health Centre Manager before registering your interest.					

☐ QAAMS

☐ COVID-19 POCT

☐ TTANGO

☐ Syphilis POCT