



# Application for NT POCT Operator Training

## i-STAT & WBC DIFF POC Devices



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 [ntpoc@flinders.edu.au](mailto:ntpoc@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 [Privacy Policy](#). 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**

<b>Name*</b>	
<b>Current Health Centre / Clinic*</b>	
<b>Date starting at clinic* (if known)</b>	
<b>Work email address*</b>	
<b>Personal email address*</b>	
<b>Preferred phone number(s)*</b>	

### ROLE\*

Select all that apply

<input type="checkbox"/> Nurse - contract	<input type="checkbox"/> Health Centre / Clinic Manager
<input type="checkbox"/> Nurse - casual	<input type="checkbox"/> Medical Officer/Doctor
	<input type="checkbox"/> Aboriginal or Torres Strait Islander Health Practitioner / Worker
	<input type="checkbox"/> Other <i>Please specify</i> <input type="text"/>

### I would like to register for the following operator training\*:

<b>i-STAT</b>	<input type="checkbox"/> online course - self-guided	<b>WBC DIFF</b>	<input type="checkbox"/> online course - self-guided
	<input type="checkbox"/> webinar/videoconference (1.5 to 2 hours)		<input type="checkbox"/> webinar/videoconference (1 to 1.5 hours)

**For webinar / videoconference, indicate your preferred day(s) and time(s):**

**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 Newsletter**  no  yes, via work email  yes, via personal email

**Signature\***  **Date\***

### MANAGER/SUPERVISOR AUTHORISATION\*

I authorise the applicant to receive operator training for the POC device(s) selected above.

<b>Name*</b>	<input type="text"/>
<b>Role*</b>	<input type="text"/>
<b>Signature*</b>	<input type="text"/>
<b>Date*</b>	<input type="text"/>

**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.

QAAMS  TTANGO STI  Respiratory Infection