



nexus



CONNECTING HEALTHCARE AND AVIATION – HUMAN FACTORS TRAINING

This Invoice form is for non EMHS health staff only. (EMHS staff do NOT need to complete this form.)

Please ensure you have signed up to the session/s in Eventbrite prior to submitting this form.

- Please print clearly and complete the application sections in full, as directed.
- Once completed email this form to RPBG.NEXUS@health.wa.gov.au
- Payment must be made via the invoice mailed to you by Health Support Services, prior to the start date of your training session.

A. APPLICANT DETAILS – Please print clearly. Incomplete or eligible forms will be returned to the applicant.				
Surname:		Employee Payroll Number:		
First name:		Preferred name:		
Home / Postal Address:		State:	Post Code:	
Phone (home):	Mobile:	Work:	Pager:	
Email (must be supplied):				
Position:		Department:		
Employer: <input type="checkbox"/> North Metro Health Service <input type="checkbox"/> South Metro Health Service				
<input type="checkbox"/> Other (Please list):				
Work Location Campus: <input type="checkbox"/> FSH <input type="checkbox"/> RGH <input type="checkbox"/> SCGH <input type="checkbox"/> JHC <input type="checkbox"/> KHS <input type="checkbox"/> OPH <input type="checkbox"/> WACHS <input type="checkbox"/> CAHS				
Other (please list):				
B. COURSE DETAILS – Please print clearly. Incomplete forms will not be processed.				
Course title: NEXUS Level (please circle)	1	2	3	
Date/s:	Cost: \$275 per level		Total cost:	
Payee responsible (if applicable): <input type="checkbox"/> Self <input type="checkbox"/> Employer (Must Complete section C)				
Payment details: <input type="checkbox"/> Invoice OR <input type="checkbox"/> Internal Journal Transfer between public hospitals (Must Complete section C+D)				
Employer's address: (if employer paying course fees)				
Post Code:				
C. MANAGER APPROVAL – Details of Manager Approval & journal transfer must be completed (as applicable) or the form will be returned to the applicant.				
Name:		Position:		
HE number:		Date:		
Phone:		Signature:		
<input type="checkbox"/> Attending in own time (Manager approval not required)				
D. COURSE PAYMENT AUTHORISATION - IF VIA JOURNAL TRANSFER – (Manager use only) Please only complete this section if a fee applies and the Health Service is funding the application.				
Amount	Entity number	Cost centre	Account number	Fund number
\$				
Name of cost centre approving officer:				
Signature:		Date:		