



CONNECTING HEALTHCARE AND AVIATION – HUMAN FACTORS TRAINING

This Invoice form is for Participants External to EMHS staff Only.

- Please print clearly and complete the application sections in full, as directed.
- Once completed email this form to RBPB.NEXUS@health.wa.gov.au, this needs to be sent BEFORE training session
- Payment must be made via the invoice mailed to you by Health Support Services, this will be processed post training.
- **No-shows or late cancellations not advised on the day of the course will still be liable for course fee.**

A. APPLICANT DETAILS – Please print clearly. Incomplete or ineligible forms will be returned to the applicant.				
Surname:				
First name:		Preferred name:		
Mobile:		Work:		
Email (must be supplied):				
Position:		Ward/Department:		
Work Location Campus: Choose an item.		If other:		
B. COURSE DETAILS – Please print clearly. Incomplete forms will not be processed.				
Course title: NEXUS HUMAN FACTORS TRAINING				
Date/s: Please add the dates you wish to attend the courses: <i>The NEXUS Program consists of three levels, to be completed sequentially, whereby each level is built upon the previous (1>2>3).</i>				
Full Day (1 & 2) 8am-4:30pm Click or tap to enter a date.	Level 1 (8am-12pm) Click or tap to enter a date.	Level 2 (8am – 12pm) Click or tap to enter a date.	Level 3 (8am-12pm) Click or tap to enter a date.	
Cost: \$790 inc GST	Cost: \$395 per level inc GST	Total cost: \$Choose an item.		
Payee responsible: <input type="checkbox"/> Self <input type="checkbox"/> Invoice				
Employee's address: (if employee paying course fees) Name and Postal Address:				
Payee responsible (if applicable): <input type="checkbox"/> Employer				
Payment details: <input type="checkbox"/> Invoice <input type="checkbox"/> Internal Journal Transfer between public hospitals				
Employer's address: (if employer paying course fees) Contact Name and Full Postal address:				
C. COURSE PAYMENT AUTHORISATION - IF VIA JOURNAL TRANSFER – (Manager use only)				
Amount	Entity Number	Cost Centre	Account Number	Fund Number
\$				
Name of cost centre approving officer:				
Signature:			Date:	