



**CONNECTING HEALTHCARE AND AVIATION – HUMAN FACTORS TRAINING**

**This Invoice form is for WA Gov Health System Employees outside of EMHS 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](mailto: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.

<b>A. APPLICANT DETAILS – Please print clearly. Incomplete or eligible forms will be returned to the applicant.</b>				
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>B. COURSE DETAILS – Please print clearly. Incomplete forms will not be processed.</b>				
Course title: NEXUS Level (please circle)		1	2	3
Date/s:		Cost: \$295 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:				
<b>C. MANAGER APPROVAL – Details of Manager Approval &amp; journal transfer must be completed (as applicable) or the form will be returned to the applicant.</b>				
Name:		Position:		
HE number:		Date:		
Phone:		Signature:		
<input type="checkbox"/> Attending in own time (Manager approval not required)				
<b>D. COURSE PAYMENT AUTHORISATION - IF VIA JOURNAL TRANSFER – (Manager use only)</b>				
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:	