

Sleep Technician Training School – Registration

(please print)

PROGRAM: _____ FEE _____

Name: _____ Age: _____ D.O.B. _____ Male / Female

Address: _____

City: _____ State: _____ Postcode: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____ Alt. Email: _____

Emergency Contact: _____ Phone: _____

Method of payment: [] Cheque [] VISA/Mastercard [] Direct Debit

Credit Card Information: Name on Card: _____

Number: _____ CVC: _____ Expiration Date: _____

For Staff Use: Deposit Date: _____ Balance: _____ Date: _____

Acknowledgment

By enrolling at the Woolcock Institute of Medical Research and paying prescribed course fees the undersigned trainee understands that certification of completion of the above named program of study is not guaranteed.

Failure to attend and undertake the complete time period of the course as outlined in the course program will lead to non-certification for the course.

Failure to pass all assessments as determined by the Woolcock nominated assessor – the Sleep Technician Training School Coordinator – will lead to non-certification for the course.

No refunds of course fees will be paid due to a trainee's failure to complete the course through non-attendance OR a trainee's failure to pass the course through failure of program assessments.

Consent: I the undersigned, do hereby acknowledge that if I fail to attend the total program duration or I fail the assessments of the course I am not entitled to certification for the course nor am I entitled to a refund of my enrolment fee.

Signature of Trainee (I am over 18)

Date

Witness (I am over 18)

Date

Terms and Conditions of Sleep Technician Training

By commencing training at the Woolcock Institute of Medical Research (WIMR) I agree to abide by the following terms and conditions.

1. I will cover all costs associated with travel and accommodation throughout the duration of my training.
2. I will not divulge or use any WIMR confidential information other than in the proper course of my activities as a trainee. I acknowledge that during my placement with the Woolcock 'confidential information' means and includes information belonging to the Woolcock or relating to Woolcock's business including but not limited to various commercial or research projects undertaken, by or with the resources of the Woolcock, which by their nature are confidential and includes all information and materials (whether in written, oral, electronic or other tangible or intangible form) in or relating to:
 - the operation and activities of the Woolcock;
 - databases, data or personal information of any person;
 - promotional media and materials;
 - research materials including relating to previous, current and proposed research methods and subjects;
 - the technical or research activities of the Woolcock or its collaborators, including the Institute's equipment, products and processes, research results and outcomes, experimental methods or techniques, inventions, designs, know-how, patents, computer systems and software;
 - the intellectual property of the Woolcock including applications for intellectual property rights such as unpublished patent applications, and including 'unpublished know-how' and 'trade secrets';
 - any information which has been received by the Woolcock from a third party and is subject to an obligation of confidentiality
 - any techniques, computer software, materials, documents or manuals of the Woolcock used in its business;
 - any information relating to the business affairs, accounts, management, patients or finances of the Woolcock; and
 - the identity of the Woolcock's suppliers, distributors, agents, contractors, collaborators and employees and the arrangements between any such persons and the Woolcock.
3. I must not use any WIMR confidential information in any manner, which may cause loss or be in any other way to the detriment of the WIMR.
4. Any documents, notes, memorandums, recorded messages, photographs, objects, digital or computer images or film relating to the affairs of any person or of the WIMR made by the trainee in the performance of his/her duties during placement shall be and remain the property of the WIMR.
5. I am expected to faithfully and diligently perform my training activities, not engage in any activities during the course of the training placement that are in conflict with, or may reasonably be perceived by others as being in conflict with, the interests of the WIMR, not commit any criminal offence and not otherwise breach any law or regulation that could adversely affect the interests of Woolcock, not bully or sexually harass any person or engage in any discriminatory behaviours and take proper care of all the Institute's equipment.
6. For all activities, where trainees engage with the public and/or children without supervision, a Working with Children check will be required and a Criminal Record Check may be required. By signing this form I consent to a criminal record check being carried out on me if necessary.
7. I am required to comply with the Woolcock Code of Conduct, the Responsible Conduct of Research Policy and all Work Health and Safety Policies, directives and procedures required to avoid conflicts or may be seen as acting in a manner that conflicts with the principles outlines in the Woolcock Code of Conduct.
8. The WIMR maintains staff policies. I am required to be familiar with these policies and any variations on them. I will ensure that my conduct complies with these policies. The latest version of the relevant staff policies is available on the intranet.
9. Evidence of my vaccination status including Hepatitis B vaccination status is a pre-requisite of my registration.
10. If I fail to give a minimum of 7 business days advance notice of my withdrawal of my registration ahead of my nominated course, I will be penalised half of my registration fee or \$500.00 whichever is the greater sum.
11. The Woolcock provides appropriate insurance cover for trainees to perform duties under control and direction of the WIMR.

Signature of Trainee

Date

Witness

Date