

## Application for ALS Facilitators Recertification Form

*The program has been developed to recertify currently accredited ALS Facilitators. Where accreditation has lapsed completion of the Facilitator Certificate course will be required.*

The Program has three components: Course Work: 2 weeks (focused on an Elective topic), Pre-workshop Tutorial (focusing on your Preparation and Program) and (onsite) Work Based Competency Assessment.

If you would like to discuss your training needs further, contact us by email to [admin@learnem.com.au](mailto:admin@learnem.com.au)

### SECTION A: Participant Details

|   |           |
|---|-----------|
| Name:   | Position: |
| Telephone:  | Email:    |
| LHN:  | Hospital: |
| Date of last ALS Facilitators Course (Please provide proof of certificate):<br><i>For RPL to be considered please provide details to assist us to assess the application.</i>   |           |
| <p>** A requirement to proceed with re-accreditation is you MUST have taught a minimum of 4 workshops in the last 12 months OR 6 workshop in the last 2 years.</p> <p>Do you meet this requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>        |           |
| Please provide dates of the ALS Courses you have facilitated on in the previous 18 months:  |           |
| <p>For your reaccreditation assessment, please provide the dates and locations of the ALS courses you have scheduled over the next six months.</p> <p><i>We require these to schedule the timing of your preworkshop tutorial and onsite Work Based Assessment.</i></p> |           |

Please note your application for recertification will be assessed and you will be notified of the decision within 5 working days. Failure to provide all required information will result in a delay in your application being processed.

### SECTION B: Facilitator Re-accreditation Cost

Facilitator Recertification Fee: \$660 (inc GST)

Please note that the registration fee will only be processed the application for recertification has been approved.

### SECTION C: Method of Payment

Visa  Mastercard

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_ (3 digits on back of card)

Authorised Amount AUD \$ \_\_\_\_\_