APPLICATION FORM FINE Level 2: Australasian NIDCAP Training Centre

|  |  |  |
| --- | --- | --- |
| **PERSONAL DETAILS** | | |
| Last Name | | First Name |
| Address for correspondence | | |
| Preferred Email: | | Current position and Employing Institution: |
| Contact phone number | | Which FINE Level 1 Program did you attend? Location and date: |
| **EXPERIENCE** | | |
| Number of years working in neonatal care. | | |
| Courses and experience related to family centred developmental care. | | |
| **SUPPORT** | | |
| What benefits will your team experience if you attend this course? |  | |
| **COMMITMENT AND AVAILABILITY** | | |
| You will need to dedicate 3-5 hours per week for course work.  How will you fit this in with shift work and your family/social commitments? |  | |
| It should be possible to fit some course work into a normal working day but you may need to arrange non-working days to complete assignments in the second half of the course. Study leave maybe an option | Are you willing to do some of the work in your own time?  Yes/No  We strongly recommend you gain support from your manager. Yes/No | |
| **Please write a short account** explaining   1. Your reasons for applying for this course and why you think you are a suitable candidates? 2. How you benefited from attending the Foundation Toolkit for Developmental Care (FINE 1). 3. How you plan to use the knowledge and skills that you expect to gain from this course?   Course Preference date: May November  Please circle one | | |
|  | | |

Please return completed form to: [SCHN-NIDCAPAustralia@health.nsw.gov.au](mailto:SCHN-NIDCAPAustralia@health.nsw.gov.au)