



Operator training for i-STAT & WBC DIFF devices is only available to staff at enrolled health centres and this training application must be authorised by a Health Centre Manager or equivalent. Send completed form to [ntpoc@flinders.edu.au](mailto:ntpoc@flinders.edu.au)

**APPLICANT DETAILS**

**\*mandatory**

|  |  |
|--|--|
| <b>Name*</b>                               |  |
| <b>Current Health Centre/Clinic*</b>       |  |
| <b>Date starting at clinic* (if known)</b> |  |
| <b>Work email address*</b>                 |  |
| <b>Personal email address*</b>             |  |
| <b>Preferred phone number(s)*</b>          |  |

*Will be only used for correspondence related to training & competency.*

**ROLE\***  
*Select all that apply*

|  |  |
|--|--|
| <input type="checkbox"/> Nurse - contract            | <input type="checkbox"/> Health Centre/Clinic Manager                                    |
| <input type="checkbox"/> Nurse - casual              | <input type="checkbox"/> Medical Officer/Doctor  |
| <input type="checkbox"/> Other <i>Please specify</i> | <input type="checkbox"/> Aboriginal or Torres Strait Islander Health Practitioner/Worker |

**I would like to register for the following operator training:\***

**i-STAT**     online course - self-guided                      **WBC DIFF**     webinar/videoconference (1.5 to 2 hours)  
 webinar/videoconference (1.5 to 2 hours)

**For webinar/videoconference, indicate your preferred day(s) and time(s)\***

|                                 |                                   |                                 |
|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Wed am | <input type="checkbox"/> Thurs am | <input type="checkbox"/> Fri am |
| <input type="checkbox"/> Wed pm | <input type="checkbox"/> Thurs pm | <input type="checkbox"/> Fri pm |

**If you have a current 4-digit NT i-STAT or WBC DIFF Operator ID, record it here:**

**APPLICANT DECLARATION\***

I understand:

- upon approval of this application, I will be issued with an operator ID for training on the device(s) selected above.
- this ID is for my use only and will expire 2 weeks from the date of issue, so I must undertake operator training as soon as possible.
- while I'm undergoing training, I can use the i-STAT, but not the WBC DIFF, POC device in emergency situations.

**I wish to receive the NT POCT Program Newsletter**     no     yes, via work email     yes, via personal email

**Signature\***                       **Date\***

**MANAGER/SUPERVISOR AUTHORISATION\***

I authorise the applicant to receive operator training for the POC device(s) selected above.

|                   |                      |              |                      |
|-------------------|----------------------|--------------|----------------------|
| <b>Name*</b>      |                      |              |                      |
| <b>Role*</b>      |                      |              |                      |
| <b>Signature*</b> | <input type="text"/> | <b>Date*</b> | <input type="text"/> |

**Register your interest in POCT operator training for other International Centre for Point-of-Care Testing Programs below. We will pass your request onto the relevant team(s).**

Please note, these programs may not be available at your health centre. Check enrollment status with your Health Centre Manager before registering your interest.

- QAAMS                       TTANGO                       COVID-19 POCT                       Syphilis POCT