



Professional Certificate in Conservative Management of Pelvic Organ Prolapse (ZPCMP) Enrolment Form

Please retain a copy of this form and return with your payment details to the Enrolment Form Return options on the last page of this form.

Course Enrolment *(please tick to confirm course enrolment)*

- Conservative management of pelvic organ prolapse 1(SCHLS90015)**
 Conservative management of pelvic organ prolapse 2 (SCHLS90016) **

***Please note due to pre-requisite learning, enrolment in Conservative management of pelvic organ prolapse 2 is conditional upon successful pass grade in Conservative management of pelvic organ prolapse 1*

Enrolment and Contact Details

Please complete all fields

Title	
Family Name	
Given Name(s)	
Mailing Address	
Suburb / Town	
Post Code & State	
Date of Birth <small>(required for network access log on)</small>	
Phone	()
Fax	()
Mobile	
Email	
Professional qualifications	<p>1. Provide your current professional registration number. 2. Provide a copy of your current Australian National Police Certificate (or equivalent). 3. Provide evidence of taking one post-graduate course or professional development training in pelvic floor dysfunction and/or provide evidence that you are currently managing women with pelvic floor dysfunction in a clinical practice.</p> <p>To be eligible for enrolment you will need to meet the set criteria as outlined in Appendix A</p>
Have you previously studied at UniSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fees

Conservative management of pelvic organ prolapse 1: \$2200.00 (GST inclusive)

Conservative management of pelvic organ prolapse 2: \$2200.00 (GST inclusive)

Total fees: \$4400.00 (GST inclusive)

Please note, fees will be processed at course start date

Payment options

Please use only one method of payment

Cheque

I enclose a cheque for \$..... made payable to **University of South Australia**

Please attach your cheque to the enrolment form and mail to address noted below.

Credit Card

Please debit my credit card to the value of \$.....	
Please Debit	<input type="checkbox"/> Visa / <input type="checkbox"/> MasterCard
Card Number	_____ _____ _____ _____
Expiry Date	___/___
Name on Card	
Cardholder Signature	
Today's Date	___/___/___

Note for GST Purposes

The Australian Business Number (ABN) for the University of South Australia is 37 191 313 308.

Please regard this Enrolment form as a course offer.

Cheque and Credit Card payments: a copy of this form should be retained for taxation purposes.

Refund Policy

Up to course commencement: 85% refund.

From course commence date: no refund. However, a substitute person from the same organization may be nominated

Enrolment Form Return Options

Completed Enrolment Form with signed credit card details to:

Attention:
Professional Certificate in Conservative
Management of Pelvic Organ Prolapse Course

Email

health.admin@unisa.edu.au

Fax

Fax (08) 8302 2853

Mail

Completed Enrolment Form with cheque or
signed credit card details to:

Professional Certificate in Conservative
Management of Pelvic Organ Prolapse Course
Internal Post Code CEA-14
GPO Box 2471
Adelaide SA 5001

For course enquiries

Please contact the Allied Health & Human
Performance

Email: health.admin@unisa.edu.au

Web: <https://study.unisa.edu.au/short-courses/#short-course-filter>

Eligibility Criteria

Please provide information and evidence in relation to the eligibility criteria for the course:

Applicants must provide evidence of the following

1. **University level post graduate training in the management of pelvic floor dysfunction or having undertaken at least three professional development courses in pelvic floor dysfunction. This must include practical training in the conduct of vaginal examination, training in the assessment and management of pelvic organ prolapse and bladder and bowel dysfunction**
2. **Having attended at least one professional development activity relevant to pelvic floor dysfunction in the past two years**
3. **A minimum of one-year full time equivalent clinical experience in managing women with pelvic floor dysfunction and regular conduct of vaginal examination subsequent to their training**
4. **Treating women with pelvic floor dysfunction in the past five years.**

Please complete the following;

I have undertaken University post graduate level training in the management of pelvic floor dysfunction **Yes/No**

If yes:

Please provide details of the program/s of study, and attach evidence

Qualification _____ Date _____ Evidence attached:

Qualification _____ Date _____ Evidence attached:

Qualification _____ Date _____ Evidence attached:

I have undertaken professional development courses in pelvic floor dysfunction. **Yes/No**

If yes:

Please provide details of the program/s of study and attach evidence

Name of program _____ Date _____ Evidence attached:

Name of program _____ Date _____ Evidence attached:

Name of program _____ Date _____ Evidence attached:

Name of program _____ Date _____ Evidence attached:

Name of program _____ Date _____ Evidence attached:

Please describe the training you have undertaken in:

Conduct of vaginal examinations

Assessment and management of pelvic organ prolapse

Assessment and management of bladder and bowel dysfunction

Please describe your clinical experience managing women with pelvic floor dysfunction, including details regarding:

- Places of work
- Proportion of working week devoted to pelvic floor dysfunction
- Duration of experience