Application Form

Short Course in Clinical Coding Auditing

Commencement date to be confirmed

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| **Please print and complete ALL sections of form in detail. All information provided will be held in strict  confidence.** | | | | | | | | | | | |
| Family name: | | | | | | | | | | | |
| Given name(s): | | | | | | | | | Title: | | |
| Organisation name: | | | | | | | | | | | |
| Preferred Postal Address (*please tick*): Private 🞏 Business 🞏 | | | | | | | | | | | |
| Number & Street: | | | | | | | |  | |  | |
| City & Country: | | | | | | | State: | | Postcode: | | |
| Telephone no: | | | (Daytime) | | | | (Evening) | | | | |
| Mobile phone no: | | |  | | | |  | | | | |
| Email address: | | | | | | | | | | | |
| **EDUCATIONAL QUALIFICATIONS / COURSES COMPLETED (List most recent study first)** | | | | | | | | | | | |
| **Year**  **Completed** | | **Qualification / Course Name** | | **Name of educational institution or training organization** | | | | | **Location** | | **Is study in**  **Progress?**  **Yes/No** |
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| **RELEVANT WORK EXPERIENCE (Start with present position)** | | | | | | | | | | | |
| **Dates** | **Position** | | | | **Name and address of organisation** | | | | | | |
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| Responsibilities: | | | | | | | | | | | |
| **Dates** | **Position** | | | | **Name and address of organisation** | | | | | | |
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| Responsibilities: | | | | | | | | | | | |
| **DO YOU CONDUCT AUDITS FOR YOUR OWN ORGANISATION (INTERNAL AUDITS)?**  ⬜ Yes ⬜ No  **(Please explain)** | | | | | | | | | | | |
| **DO YOU CONDUCT AUDITS FOR OTHER ORGANISATIONS (EXTERNAL AUDITS)?** | | | | | | | | | | | |
| ⬜ Yes ⬜ No  **(Please explain)** | | | | | | | | | | | |
| **Which Edition of The International Classification Of Diseases Are You Currently Coding In?**  ⬜ 10th edition  ⬜ 9th edition  ⬜ Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **PLEASE PROVIDE DETAILS OF WHY YOU WANT TO DO THIS COURSE (Tick more than one if applicable)** | | | | | | | | | | | |
| ⬜ To undertake Coding Audits externally  ⬜ To undertake Coding Audits within my organisation (internally)  ⬜ For ABF/casemix planning purposes  ⬜ For statistical analysis and epidemiology  ⬜ Other (briefly explain): | | | | | | | ⬜ To understand healthcare reimbursement  ⬜ For ABF DRG and Coding education  ⬜ For Professional Development | | | | |
| Note: The following information will be used by the Lecturers. It will not be used in the selection process.  DO YOU HAVE ANY EXPERIENCE USING SPREADSHEETS SUCH AS EXCEL? ⬜ Yes ⬜ No | | | | | | | | | | | |
| If YES, what version have you used? | | | | | | | | | | | |
| PLEASE NOTE: COMPLETION OF THIS COURSE REQUIRES ACCESS TO EXCEL 2016  Please indicate if you have had experience using the following features: | | | | | | | | | | | |
| ⬜ Excel Fundamentals - Worksheets  ⬜ Formatting and Sorting  ⬜ Using Formulas  ⬜ Cell Referencing  ⬜ AutoFill and AutoFilter | | | | | | ⬜ Creating charts and graphs  ⬜ Freeze Panes and Split Screen feature  ⬜ Importing and Exporting  ⬜ Pivot Tables  ⬜ Multiple Workbooks | | | | | |

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| **Please nominate a referee who can verify your suitability for this course (must be a person of authority in the workplace (i.e. Director of Health Information Services, Coding Manager etc):** | | |
| Full name: | | Position: |
| Organisation: | | |
| Relation to candidate: | | |
| Telephone no: (Daytime): Evening: | | |  |
| Email address: | | |
| **Course Fee: TBC**  **DATES:**  **Course dates to be confirmed**  (Holiday break: dates to be confirmed)  *Receipt of application will be acknowledged.*  *You will be advised if your application for this offering either offering is successful.*  *Details for payment will be forwarded.* | Please register your interest as soon as  possible to: [coding@latrobe.edu.au](mailto:bhim@latrobe.edu.au)  with the title line:  *Full Name\_Application\_Clinical Coding Auditing Short Course\_YYYY.*  For the July course, applications close: **date to be confirmed**  Payment due: **date to be confirmed**  For further information about the course, please  contact the HIM Coding Auditing Course Coordinator at [coding@latrobe.edu.au](mailto:bhim@latrobe.edu.au) | |