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** |
|   |  |  |
| 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 2016Please 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.auwith 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 |