



Royal Perth Bentley Group







RPBG NEXUS Foundational Human Factors Training

The primary focus is to improve patient safety by minimising human error, promoting teamwork, developing leadership and improving workplace satisfaction in all areas of health service operations, creating a culture of continuous improvement across the workplace.

The NEXUS Program consists of three levels, to be completed sequentially, whereby each level is built upon the previous (1>2>3).

Level 1 Modules:

- Awareness
- Communication
- Teamwork

Level 2 Modules:

- Leadership and Followership
- Workload Management
- Generational Culture
- Error Management

Level 3 Modules:

- Human Performance / Fatigue Management
- Situational awareness
- Automation Management
- Decision-making

RPH - LEVEL 1, LEVEL 2 & LEVEL 3

VENUE: WASON BUILDING, CLASSROOM A, LEVEL 2

TIME: 8:00AM - 12:00PM

LEVEL 1 - FRIDAY 26TH JULY 2024

LEVEL 2 - FRIDAY 9TH AUGUST 2024

LEVEL 3 - FRIDAY 23RD AUGUST 2024

BHS - LEVEL 1 & LEVEL 2 FULL DAY

VENUE: BENTLEY A BLOCK TRAINING ROOM. BHS

TIME: 8:00AM - 4.30PM

FRIDAY 20TH SEPTEMBER 2024

FRIDAY 1ST NOVEMBER 2024

FRIDAY 15TH NOVEMBER 2024

FRIDAY 29TH NOVEMBER 2024

ARMADALE - LEVEL 1, LEVEL 2 & LEVEL 3

VENUE: ANTONIA BAGSHAWE TRAINING CENTRE. AKG

TIME: 12:00PM - 4.00PM

LEVEL 1 - MONDAY 15TH JULY 2024

WEDNESDAY 4TH SEPT 2024

LEVEL 2 - MONDAY 29TH JULY 2024

MONDAY 16TH SEPTEMBER 2024

LEVEL 3 - WEDNESDAY 24TH JULY 2024 MONDAY 12TH AUGUST 2024

MONDAY 26TH AUGUST 2024

Costing for External Participants:

\$395.00 per Level

(Course \$359.09 +GST \$35.91)

External Staff please complete the application form attached and email it to rpbg.nexus@health.wa.gov.au



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CONNECTING HEALTHCARE AND AVIATION – HUMAN FACTORS TRAINING

This Invoice form is for <u>Participants External to EMHS staff Only.</u>

- Please print clearly and complete the application sections in full, as directed.
- Once completed email this form to RPBG.NEXUS@health.wa.gov.au, this needs to be sent BEFORE training session
- Payment must be made via the invoice mailed to you by Health Support Services, this will be processed post training.
- No-shows or late cancellations not advised on the day of the course will still be liable for course fee.

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A. APPLICANT DE	TAILS - Please	print cl	early. Incomplete or in	eligible	e forms will be re	eturned to the applicant	
Surname:							
First name:	Preferred name:						
Mobile:	Work:						
Email (must be supplied	ed):						
Position:	Ward/Department:						
Work Location Camp	ous:						
☐ RPBG/AKG	□ SMHS		□ NMHS		VACHS	☐ Other	
B. COURSE DETAILS – Please print clearly. Incomplete forms will not be processed.							
Course title: NEXU	FACTORS TRAINING			Time: 08:00am – 12:00pm			
Date/s: Please add the dates you wish to attend the courses: The NEXUS Program consists of three levels, to be completed							
sequentially, whereby each level is built Level 1:		upon the previous (1>2>3). Level 2:			Level 3:		
ECVCI	<u></u>		LCVCI L.			<u>Level 3.</u>	
Cost: \$395 per level	inc GST (Cours	se \$359.	09 +GST\$35.91)	Total o	cost: \$		
Payee responsible:		□ Self			□ Invoice		
Employee's address: (if employee paying course fees) Name and Postal Address:							
Payee responsil	Ole (if applicable	e):	☐ Employ	er			
Payment details: Invoice Internal Journal Transfer between public hospitals							
Employer's address: (if employer pay	ring cou	rse fees) Contact Na	me an	d Full Postal ad	ldress:	
C COURSE DAYAM	TNIT ALITHOD	ICATIO		L TD	ANGEED (Max		
C. COURSE PAYIVII	I	ISATIO	N - IF VIA JOURNA	L IKA	AINSFER – (IVIAI	nager use only)	
Amount	Entity Numbe	r	Cost Centre	Acco	ount Number	Fund Number	
\$							
Name of cost centre	approving offic	er:					
Signature:					Date:		