

Grow Our Own: Developing Skills Aligned to Community Needs

Cape & Torres 2021 Grant Application

Background

The Commonwealth Government has provided funding to James Cook University to improve rural and regional training pathways for medical graduates across regional and remote Queensland.

JCU is offering a limited number of grants in 2021 to assist medical graduates and supervisors who live and work in the Cape and Torres region to access training and professional development that is not available locally.

Applications are open from 12 July 2021 and will close on 31 August 2021. JCU will advise applicants of the outcome by 17 September 2021.

Eligibility

Applicants must meet the following criteria:

1. Be currently living and working as a doctor within the Cape and Torres HHS catchment as one of the following:
 - **Resident Medical Officer** or Hospital Medical Officer with an interest in joining a rural vocational training program
 - **Registrar** undertaking an approved College rural vocational training program
 - **Registered Specialist Medical Practitioner** with current or expected future responsibilities for supervising junior doctors and/or Registrars in rural Queensland
2. Applicants wishing to access specific skills training or attend a course, workshop, meeting or conference must also:
 - demonstrate that the proposed activity meets a specific learning need and is directly relevant to their current employment
 - be willing to provide feedback to the Hub and to peers

Funding Guidelines

Funding is capped at a maximum of \$10,000 per individual to cover one or more of the following:

- Return economy class airfares and transfers to the training destination
- Accommodation - where the timing or duration of training requires an overnight (or longer) stay
- Registration/training/attendance fees
- Meals (within specified limits)
- Other costs (where justified)

Funding is available for the following purposes:

- Resources** - To purchase relevant training resources such as textbooks, journal subscriptions, online training modules or access to online libraries.
- Courses or workshops** - For RMOs and Registrars to access courses or workshops that are additional to entry or completion of an approved College Training Program **and** are not available locally.
- Specific skills training** - for Vocational Trainees to gain specialised experience not available locally.
- Supervisor training** - For Supervisors to attend workshops or courses that will assist in developing their skills and knowledge as educators and facilitators of learning.

To apply

Please complete the attached Application Form and email to: robyn.dupuis@jcu.edu.au

Please include *Cape & Torres Grant Application* in the subject line.

Grow Our Own: Developing Skills Aligned to Community Need - Cape and Torres 2021 Grant Application Form



Important information to note when completing the application form

1. Applications will be considered on a case by case basis.
2. A maximum budget has been allocated by the Hub to fund Postgraduate Training Grants. The number of Grants that will be funded will depend on demand. Funds will be fully allocated by 31 December 2021.
3. Annual Scientific Meetings are considered lower priority than practical skills or supervision training.
4. Funding will be provided on the basis of reimbursement of actual costs incurred up to a maximum of \$10,000 per individual application. The direct purchase of training resources will be considered.
5. Successful applicants must provide a report upon completion of the project outlining how the funds were used and the outcome of the training.
6. If an applicant attends an activity before being informed whether their application has been successful, they do so at their own risk.
7. Grant funds do not cover costs associated with accompanying persons.
8. Applications are to be received by 31 August 2021 to robyn.dupuis@jcu.edu.au

1. Applicant Details

Name:		
Residential Address:		
Current Position:		
Preferred Contact details:	<input type="checkbox"/> Phone <input type="checkbox"/> Email	<i>Preferred Phone/Email address:</i>
Current work location:		
Postgraduate Status:	<i>Please tick:</i> <input type="checkbox"/> Junior Doctor <input type="checkbox"/> Resident Medical Officer <input type="checkbox"/> Unaccredited Registrar / Hospital Medical Officer <input type="checkbox"/> Registrar on a training program <input type="checkbox"/> Registered Specialist Medical Practitioner	<i>Specialty Area:</i> <i>For RMOs please specify your future career interest:</i>

2. Purpose of Application

<i>Please select:</i> <input type="checkbox"/> Course or workshop not required as part of entry to or completion of	<i>For course, workshop, meeting or conference please specify:</i> Details/Title of Event:
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an approved College Training Program and is not available locally

- Scientific meeting or conference** of direct relevance to a College Training Program

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- Specific skills training** to gain specialised experience not available locally

- Supervision training** to assist in developing skills and knowledge as educator and facilitator of learning

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- Training Resources**

Provider:

Location:

Start Date:

Start Time (if applicable):

Finish Date: .

Finish Time (if applicable):

If applicable, please supply a URL or attach a flyer providing more information about the nominated activity:

URL:

For skills or supervision training please provide a brief outline below:

*Note: applicants for courses, workshops, conferences and other training activities **do not need to complete Section 5** below*

For training resources please provide a brief description below:

*Note: for training resource applications you **do not need to complete Section 4** below*

3. Relevance

Specific Learning Need/

Relevance:

Please provide a brief outline of your learning plan and objectives:

Please provide a brief outline of how you expect this activity to assist you in meeting these learning objectives:

Supervisor Support:

Please tick one

- My Supervisor is supportive of my application
- I have not yet discussed this application with my supervisor but I understand that I will need his/her support should my application be successful

NB: Before your application can be approved, formal confirmation of support will be required from your supervisor

Name of Supervisor:

Contact phone/email:

4. Budget: for workshops, courses, meetings, conferences or other training activities

Please provide an estimated budget breakdown for all costs (GST inclusive) associated with your application up to a maximum amount of \$10,000 i.e. workshop registration, travel, accommodation and meals

Registration Fees (if applicable)

\$

Airfares

Only economy class air travel will be reimbursed.

\$

Taxis between home/airport/location of activity identified in the Grant Application Form will be reimbursed.

\$

Accommodation	<p><i>Overnight accommodation prior to an event will be reimbursed only where the travelling times makes it impractical to travel on the morning of the event or to return on the same day following the event. Where overnight accommodation is required, a <u>maximum</u> of \$250 per night will be reimbursed in accordance with JCU policy.</i></p> <p>No. of nights: <input type="text"/> (cost per night)</p> <p>\$</p>
Meals/ Incidentals	<p><i>Amounts refundable for meals/incidentals are as follows: Full Day - \$100, Part Day - \$60. Alcohol including minibar will not be reimbursed.</i></p> <p>Number of full days: <input type="text"/> (depart prior to 9am/return after 5pm)</p> <p>\$</p> <p>Number of part days: <input type="text"/> (depart after 9am/return prior to 5pm)</p> <p>\$</p>
Other Costs	<p><i>Please specify (eg fuel for use of own vehicle, incidentals such as parking fees):</i></p> <p>Cost A: \$</p> <p>Cost B: \$</p> <p>Cost C: \$</p>
TOTAL	<p><i>Please total all budget items above:</i></p> <p>\$</p>

5. Estimated Cost of Training Resources:

Please provide the estimated cost of/quote for training resources specified above (attach supporting information if applicable)

\$

6. Declaration

I declare that:

The information provided in this application about myself is true and correct.

- The information above outlines an activity or resource that will support my training **OR** develop my skills as a clinical supervisor.
- I understand that if my application is successful, funding will be provided on the basis of reimbursement of actual costs incurred.
- I understand that my release to attend any course, workshop, conference, meeting or training will be at the discretion of the medical staffing unit.
- I understand that I will be required to provide feedback to the Hub and my peers on completion of any training undertaken.

Feedback required: Depending on the activity, feedback may include a written report or a presentation to peers upon return to the workplace. Details on the feedback requirements will be specified in your letter of offer should your application be successful.

Signature:

Date:

Privacy Statement: The information provided by you in this application will be used to assess your eligibility to receive a Postgraduate Training Grant and for reporting and research purposes. Any information you have supplied in connection with your application will be dealt with in accordance with the National Privacy Principles of the Privacy Act 1988.