

The AWRCC Trust Education Program

PROFESSIONAL DEVELOPMENT APPLICATION FORM (long form version)

The AWRCC Trust Education Program is a program managed by the AWRCC Cancer Services Education Committee, aimed at improving the skill, capacity and scope of practice of staff that work in the AWRCC, and staff that treat and support AWRCC patients across the health service and in the community.

Before completing and submitting your application for professional development, please ensure that you

- Have read and understood the AWRCC Trust Education Professional Development Applicant Guidelines; and
- Discussed your application with your employer.

1. Applicant Personal Details:

Title: (please circle)	Mr / Mrs / Ms / Miss / Dr / Other
First name:	
Surname:	
Preferred Name:	
Date of Birth:	
Address:	
Mobile No.:	
Email Address:	
Are you Aboriginal or Torres Strait Islander origin (please circle)	Yes / No / Prefer not to answer

2. Applicant Employment Details:

Employer Name:	
Employer Address:	
Employer Contact Person:	
Employer Phone:	
Employer Email:	
Applicant Position Title:	
Applicant Profession:	
Registration Number:	
Hours worked per week:	
Location of services provided:	
Date commenced with employer:	

☐ **Manager endorsement letter for this Professional Development Application (required)**

3. Applicant Existing Qualification Details:

Qualification:	
Institution:	
Year Obtained:	
Qualification:	
Institution:	
Year Obtained:	

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4. Proposed Professional Development – course/training/conference details

Name of Organisation or Provider:	
Name of course/training/conference	
Web link to course/training/conference	
Contact details:	
Date(s) of course/training/conference	
Expected timeframe to complete (if applicable):	

5. Objectives

What are the key objectives or learning outcomes you hope to achieve by attending this course/training/conference?

Please type here- no more than 200 words

6. Relevance to your role and to the AWRCC?

How will this course/training/conference benefit your current role or contribute to AWRCC's goals?

Please type here- no more than 200 words

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7. How will you share the knowledge

Describe how you plan to disseminate the knowledge and skills gained from this experience with your colleagues or across the AWRCC?

Please type here- no more than 200 words

8. Budget Breakdown

Total amount requested in this application: \$_____

Provide a detailed breakdown of all associated costs (eg, course fees, travel, accommodation, materials, etc)

☐ Attach separate file with this detail (instead of including below)

To increase the likelihood of your application being considered favourably, we recommend requesting no more than two-thirds of the total costs.

Note funding support is provided on completion of activity and submission of all supporting receipts/attendance certificate. Allow up to 4 weeks from submission of all supporting documents for refund to be processed.

Include Budget Breakdown here or attach file

9. Employer Contribution

What contribution will your employer make towards the completion of this course/training/conference, financial or in-kind e.g. study leave?

Please type here

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10. Other sources of funding

Are you applying (or have you applied) for other sources of funding in relation to this activity?

☐ Yes (please provide details below)

☐ No

Please type here- no more than 200 words

11. Previous funding

Have you previously received funding from the AWRCC Trust Education Program?

☐ Yes (please provide details below)

☐ No

Please type here- no more than 200 words

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Acceptance Form (All Applicants to complete and sign the section below)

The AWRCC Cancer Services Education Committee requires that individuals accepting financial support for professional development are committed to the following:

- a) Provision of evidence stating professional development and any associated costs for which this application is for.
- b) Full disclosure of any other funding received in part or in full for any costs related to this activity.
- c) Provision of evidence of completion (e.g., attendance certificate).
- d) Where applicable, provision of results for training/courses undertaken on understanding that only passed units will be paid for, failed units are at the cost of the student.
- e) Confirmation of willingness to participate in media to promote the program and thank those who donate to the AWRCC Trust Fund. This includes providing a photograph of the funding recipient at the course/training/event for possible inclusion on social media and/or Trust Fund Communications.
- f) That signing this form indicates a commitment to continue working at the AWRCC or in a role that supports AWRCC patients after completing the professional development for a minimum period of three years, and an understanding that should employment cease before the minimum period a reimbursement of 30% of total awarded course fees will be required;

The process for contribution to professional development costs is as follows:



- Applicant completes and submits application (including manager's endorsement).
- Upon confirmation of a successful application, the applicant will receive an offer letter notifying them of the outcome and a conditional commitment to award a specified amount of funds to the applicant.
- Applicant accepts offer, registers, and pays for the professional development and associated costs.
- Applicant provides receipts of all costs specified in a), bank details and attendance certificate in a single communication to AWRCC@awh.org.au for reimbursement.
- The amount the applicant is eligible for will be reimbursed once all required evidence and information has been received. Please allow up to 4 weeks for processing.
- Applicant agrees to provide a photo representing them at the funded activity and feedback for grant reporting requirements to the AWRCC Trust Fund Inc.
- Applicant agrees to prepare and present a brief presentation on their learning experience if requested.
- If the applicants fail to attend the full course/training/event or receives other funds for items listed in a), the applicant will be required to reimburse the AWRCC Trust Education Program. Extenuating circumstances may be considered by the committee.

I accept the above terms.

Signature

Full Name

Date

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Application Format

Applications must include the following to be considered:

- All questions completed on this application form (incomplete questions may render your application ineligible)
- Employer letter of support (if application is from an individual) including confirmation of leave support.

The completed Application form and Acceptance form are be submitted to:

The Chairperson

The AWRCC Cancer Services Education Committee

Email: AWRCC@awh.org.au

The AWRCC Trust Education Program is generously supported by the AWRCC Trust Fund Inc.

That raise funds to support cancer services in the Albury Wodonga region to provide quality care to patients and families. Through the help of their fundraising committee to the volunteers and that put in their time and effort to raise funding within the community we are extremely grateful for the funding for Education within AWRCC.

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