2015 Professional Development Grants

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| Application details (office use only) | |
| Application #: |  |
| Personal details | |
| Name: |  |
| Company: |  |
| Address: |  |
| City/Town: |  |
| Post Code: |  |
| Email: |  |
| Phone: |  |
| Conference or training opportunity: |  |
| Location of conference or training: |  |

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| Eligibility criteria | |
|  | I have been unable to secure alternative financial support to attend the nominated conference or training opportunity. |
|  | I have written support from my manager/supervisor to attend the nominated conference or training if I am successful in receiving a Simulation Professional Development Grant. |
|  | I am currently employed by a Victorian education or healthcare provider. |
|  | My professional responsibilities primarily include management, organisation and/or delivery of healthcare simulation. |

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| Estimated budget | |
| **Conference / training registration** |  |
| **Accommodation (if required)** |  |
| **Travel (if required)** |  |
| **Total cost to attend** |  |
| **If you require financial support in addition to the $1,000 available to attend the nominated conference or training, please advise the source of this support** |  |

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| Responses |
| **Please outline your professional responsibilities in relation to healthcare simulation, including how long you have been part of the healthcare simulation community. Word limit 150 words.** |
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| **Please outline why you wish to attend the nominated conference or training, including an outline of the relevance of this conference or training opportunity to your role with simulation. Word limit 150 words.** |
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| **Please describe, to date, your attempts to secure financial support to attend the nominated conference or training in 2015. Word limit 150 words.** |
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| **Please outline how your attendance at the nominated conference or training will benefit you, in your current role, and your organisation. Word limit 200 words.** |
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| **Please outline how your attendance at the nominated conference or training could benefit the simulation healthcare sector more broadly. Word limit 150 words.** |
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| Manager/supervisor endorsement | |
| Manager/supervisor name |  |
| Manager/supervisor role |  |
| Manager/supervisor signature |  |
| Date |  |

**By signing this form, you indicate your support for the applying staff member to attend the nominated conference or training opportunity.**

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| Additional items | |
|  | I acknowledge that to complete my application I must also submit a copy of my resume (in Word format) to the Department of Health and Human Services via [peopleinhealth@dhhs.vic.gov.au](mailto:peopleinhealth@dhhs.vic.gov.au). |
|  | I have checked that each response meets the word limit and acknowledge that if this is not the case any text over the word limit will not be considered by the Victorian Simulation Professional Development Grant Panel. |

To submit your application, forward this form accompanied by your resume (in Word format) to [peopleinhealth@dhhs.vic.gov.au](mailto:peopleinhealth@dhhs.vic.gov.au)

Applications close 5pm AEST, Friday 8 May 2015.