# RTRSIG Resource Cover Sheet

The following cover sheet should be filled out and submitted as the first page of any contribution to ROMP TEAP training materials.

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| **Contributor name and/or organisation:** | *Organisational logo can be added here if desired* | |
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| By submitting this training material, the contributor confirms that the owners of the intellectual property agree for this training material to be published by the ACPSEM and used by ACPSEM members according to the ROMP TEAP Resources Special Interest Group Terms of Reference.   Optional: the contributor gives permission for this training material to potentially be shared with EFOMP members under the ACPSEM/EFOMP MoU | | |
| **Learning outcome/element(s):** | **Training Material types:** *Delete as applicable* | |
|  | Training plan Written or practical assignment Self-study guide Oral/written question bank (with/without guidance on scope and/or detail of expected answers) Recorded tutorials/webinars | |
| **Relevant clinical context for this training material:**  *e.g. healthcare jurisdiction, particular equipment/vendor types needed, relevant treatment techniques or scenarios, international recommendations followed etc as applicable to the resource* | | |
|  | | |
| **Pre-requisite learning recommended:**  *e.g. scope of existing knowledge, recommended readings, recommended prior learning outcomes or elements completed, previous tasks performed.* | | |
|  | | |
| **Recommendations for use:**  *Delete all non-applicable statements, but please remember the way this document is used is at each supervisor’s discretion and may differ from this recommendation.* | | |
| This work should meet all the requirements of training for this learning outcome/element. This document should meet the requirements for assessment of this learning outcome/element.  This work should be completed in conjunction with other work or assessment, please specify recommendations: | | |
| **ROMP TEAP Resources Special Interest Group review:** | | |
| **Approved by:** | **Date of approval:** | **Date for future review:** |
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