**MEDICAL PHYSICIST TRAINEE SUPPORT GRANTS**

(Including Radiopharmaceutical Science)

Grant Funding Round No 4: 2022

**Explanatory Notes and**

**Application Form**

6 June 2022 Form for July 2022 Grant Applications

ACPSEM’s Medical Physicist Trainee Support Grant Program

## Important information

**Important information about Medical Physicist Trainee Support Grants (The Grant)**

* This approach to market does not constitute an offer of funding and no obligations shall arise from it.
* Submit your application by email to: [acpsemgrants@acpsem](mailto:acpsemgrants@acpsem).org.au

*Note: emailed applications should not exceed 20MB. If your application exceeds 20MB, please email attachments separately. Do not zip or password protect applications or attachments*.

* ACPSEM will respond to the lodgement of your application by email.
* Your application will be assessed against the Eligibility and Selection Criteria and funding will be awarded at the discretion of the Approver.
* All enquiries relating to this Programme should be directed in writing to [acpsemgrants@acpsem](mailto:acpsemgrants@acpsem).org.au
* Questions relating to this programme **must** be submitted in writing. To allow for due consideration of each question no questions will be responded to 5 days prior to the closing date and time.
* Any requirement that is preceded by the word must is an eligibility criterion and has to be addressed – even if simply by way of acknowledgement of the requirement. If you do not address all eligibility criteria your application will not be assessed.

**APPLICATIONS CLOSE AT MIDDAY ON 8th JULY 2022**

## Eligibility Criteria

**Eligibility Criteria – Please ensure the declarations in the application form are completed**

Any requirement that is preceded by the word **must** is an eligibility criterion and has to be addressed.

You are responsible for ensuring your completed proposal is accurate and meets the following *eligibility criteria:*

1. Your funding proposal **must** be submitted on the Template at Attachment A.
2. The Application Declaration **must** be signed by an authorised officer.
3. You **must** declare the intention to ensure that Training Education and Assessment Program (TEAP) trainees employed under this grant scheme will undertake their postgraduate studies at an accredited university for the medical physics course and clinical training at a facility accredited by ACPSEM, if such studies have not already been completed prior to enrolment in TEAP.
4. You must declare either
   1. that this facility is accredited by ACPSEM for training purposes,

Or

* 1. that you have read the relevant ACPSEM Accreditation Policy and are prepared to undergo an accreditation process without delay or at another time convenient to the ACPSEM.

1. You must declare either
   1. that you intend to recruit to a Registrar Training position if successful in this grant application process

Or

* 1. That you intend to use funds to support an existing employee access TEAP and subsequent certification. Please note eligibility criteria six before proceeding in this manner.

1. You **must** declare that you understand that, should you use grant funds to support an existing employee or promote a registrar from a designated registrar position to a higher appointment within the grant period, resulting in resignation from the TEAP, ACPSEM will seek return of grant funds on a pro rata basis and discontinue grant funding.
2. You **must** declare that you understand that should a registrar resign from TEAP and/or accreditation of your facility be rescinded, then grant funding will be discontinued unless application is made to the ACPSEM CEO for recognition of special circumstances and such circumstances are approved.
3. You **must** acknowledge that the Grant is approved for a period of 1, 2 or 3 years subject to:
   1. Appointment of a person into the nominated position (in this grant) within 6 months of grant approval, unless otherwise negotiated with the ACPSEM.
   2. Receipt of the registrar’s TEAP grant application in full no later than **two weeks after** the date of commencement of the position.
   3. Meeting annual activity and reporting requirements as described in this document and included in the Grant Agreement, noting that these requirements; and therefore, the grant agreement may be varied from time to time to reflect changes in ACPSEM policy or Commonwealth requirements attached to the provision of grant funds to the ACPSEM.
4. The annual reporting requirements currently include (but are not limited to):
5. Maintenance of accreditation of the Facility, including submission of the Annual Status Report
6. Annual submission of an updated training plan, with the training plan being the document developed for purpose of accreditation or reaccreditation; accompanied by an explanation of the review process and why changes have or have not been made
7. A summary of professional development activities undertaken within the year preceding the anniversary date, and those planned for the following year by the Supervisor and team members (where applicable) including attendance at one (1) ACPSEM run or approved supervisor education event.
8. Evidence of completion of the annual Supervisor Update Module (on COMET) by team members involved in registrar training and education.
9. A summary evaluation of the achievements and challenges experienced, through regular interaction with the Registrar/s in support of completion of TEAP during the year in review.
10. A self-assessment of the supervisory team’s experiences with sign off of competencies in COMET, including:
    * 1. Feedback to ACPSEM re COMET
      2. Assessment of the site’s performance in supporting the trainee’s needs with respect to timely competency sign off and progress monitoring in COMET
11. You must acknowledge that you understand that:

* You will be notified (where successful) by a Letter of Guarantee stating that the ACPSEM will pay grant monies to the applicant once a registrar is recruited and enrolled in TEAP and that the letter should be used as the authority to recruit.
* Grant funds will be transferred to the facility following receipt of a complete TEAP application (by the trainee) unless prospective alternative arrangements have been made with ACPSEM.

1. You mustacknowledge that should ACPSEM approveappointment of a Supervisor who is in the process of being registered, where that person does not complete undertakings to be registered, the status of the Grant will be reviewed by ACPSEM. Similarly, should a supervisor lose registration status, the Grant status would also be reviewed.

## Selection Criteria

The Selection Criteria to be used for the purposes of assessing grant applications are summarised below and explained in detail in the table at Part 5 of the Application Form:

**Selection Criteria 1 – How Training will be Organised – Weighting 50%**

|  |  |
| --- | --- |
| **1.a Registrar Recruitment (400 words limit)** | 15% |
| **1.b Addressing Required Competencies (500 words limit)** | 25% |
| **1.c Enabling Registrars to Complete Required Learning Outcomes (300-word limit)** | 10% |

**Selection Criteria 2** - **Workforce need – Weighting 15%**

|  |  |
| --- | --- |
| **2.a Workforce Impact (500 words)** | 10% |
| **2.b MMI Classification** | 5% |
| **2.c Training in MM2 Regions or Other Expanded Settings (500 words)** | 0% |
| **2.d Reach and Impact of Services Delivered - Rural and Regional Patients** | 0% |

**Selection Criterion 3 – Departmental Oversight and Supervision of the TEAP Registrar -Weighting 35%**

|  |  |
| --- | --- |
| **3.a Division of Roles and Responsibilities** | 10% |
| **3.b Supervisor Statements (400 words per supervisor and preceptor, not including CV attachments)** | 25% |

# Grant specific information

**BACKGROUND**

The Australian Government has provided the ACPSEM with funds to be made available by way of grants to make a funding contribution towards training positions in the radiation and diagnostics workforce.

A. Purpose of the Grant

The purpose of this allocation to the ACPSEM is to enable profession led, competitive support for registrars undertaking ACPSEM’s TEAP initiative; paid to facilities employing the registrar and for associated activities, including reviewing the most efficient way to allocate such payments.

10-13 grants will be available in this 2022 calendar year grant round, depending on the number of regional applicants received.

**ACTIVITIES TO BE FUNDED**

ACPSEM will select funding recipients on a competitive basis according to health workforce and community requirements. Grants of up to $60,000 per annum, for three years, will be provided per registrar approved for the program.

Where a registrar completes at least 50% of their training within Modified Monash Model 2-7 facilities, a regional loading payment of up to $20,000 per year may be made to recipients.

If successful, the funds provided must be used towards the employment and training of a registrar meeting the description for which the funds were supplied. Applicants can apply for more than one registrar.

**GRANT AGREEMENTS**

Successful applicants will be required to sign a Funding Agreement before receiving any funding.

**EVALUATION**

This Programme will be evaluated in the future. Funding recipients will be required to provide information to assist in any evaluation as stipulated in the funding agreement, after funding has been provided.

**APPLICATIONS** **CLOSE AT MIDDAY ON 8th July 2022**

# Important information you should know

## 

**APPLICATIONS CLOSE AT MIDDAY ON 8th July 2022**

## How to apply

Ensure you complete the application form and follow the instructions in the Application Guide Document, including accessing information as required on the ACPSEM Website

## Application requirements

Applications must be submitted to ACPSEM by the date specified and should meet all the requirements outlined, including eligibility criteria. If you do not address all eligibility criteria your application will not be assessed.

## Late applications

In the interest of fairness, ACPSEM reserves the right not to accept late applications. In considering whether it would be fair to accept a late application, ACPSEM will take into account the degree of lateness, whether the cause of the lateness was beyond the applicant's control, and any other such facts ACPSEM may consider relevant. ACPSEM may also ask the applicant to provide evidence to support any claims regarding the reasons for late submittal.

## ACPSEM’s reporting requirements

Applicants will be required to report on occurrence changes in the employment status of the registrar (including if the registrar is no longer employed) and any supervisors and/or preceptor(s).

An annual reporting mechanism (once per year only) will be used for all other purposes. However, to meet this annual reporting requirement will entail supervisors and preceptors undertaking prescribed activities throughout each calendar year of the agreement. These are referred to in the eligibility criteria and each selection criterion (as applicable).

## Branding

Successful applicants will be required (if stipulated) to acknowledge that funding for the activity / programme was received from the ACPSEM

## Insurance

You will be required to take out and maintain, for the period specified in the funding agreement, all types and amounts of insurance necessary to cover the obligations of the organisation in relation to the activity.

## Assessment of applications

ACPSEM has established an Independent Expert Panel (the panel) for managing and administering grants. To assist with the assessment of an application, the Committee may request clarifying information from the applicant.

The panel may consult with state departments and private providers to discuss facility capacity and capability. You will be formally notified where this is required.

The panel will consult with those agencies named in the previous paragraph, as part of its process of ranking all applications received.

***Other factors***

In assessing an application, the panel may consider the applicant's financial viability and the risk of the application; and may use material included in response to one criterion in the assessment of other criteria.

The panel may seek information about any applicant from other sources, including from within the College, regardless of whether the individuals or organisations contacted are nominated as referees by the applicant.

The panel may also consider information about the applicant that is available through the normal course of the ACPSEM’s business.

If the assessment process identifies unintentional errors of form in an application, the applicant may be contacted to correct or clarify the errors, but they will not be permitted to make any material alteration or addition.

## Roles and responsibilities

The ACPSEM Board has determined that the CEO ACPSEM is responsible for ensuring that the priorities of the Grant Programme, at all times, reflect the aims and objective for use of the funds as defined by the Commonwealth (the Contract). The Commonwealth may change the priorities and associated activities of the Grant Programme over time to address any emerging issues and this would in turn likely require a variation to the Funding Agreement.

The final approval decision of a grant under the Grant Programme will be made by the panel and reported by the CEO ACPSEM to the Board.

***ACPSEM***

The ACPSEM is responsible for the assessment process of all applications including assessment of compliance, eligibility criteria and selection criteria; and is responsible for programme management including that of the funding agreements.

ACPSEM will negotiate and enter into a Funding Agreement with successful applicant(s) from this grant funding round.

***Applicants***

Each applicant is responsible for the development of a proposal, including ensuring all information provided in the application is accurate, and for all costs associated with the development and submission of its application. An application will not necessarily result in an offer of funding.

***Funded Entity***

In the event of future rounds, the funded entity is responsible for the efficient and effective delivery of the service in accordance with the obligations contained in any funding agreement or contractual arrangement entered into under the Fund. Organisations funded under the Health Workforce Fund are responsible for:

* ensuring they meet the specifications of the funding agreement or other contractual arrangement;
* ensuring the project is managed in a cost effective and efficient manner;
* maintaining contact with ACPSEM and advising of any emerging issues that may impact on the success of the project;
* identifying and documenting risks and the appropriate control strategies;
* reporting on project performance, expenditure and acquittals in accordance with the contractual obligations; and
* assisting with evaluation activities as necessary.

## Joint Applications

Joint Applications, where there is a collaboration to meet the grant requirements for a particular purpose, are encouraged.

Joint applications in support of registrars completing at least 50% of their training within Modified Monash Model 2-7 facilities, are strongly encouraged and a regional loading payment of up to $20,000 per year may be made to recipients.

If you submit a joint (or consortium) application with one or more other organisations, nominate a lead organisation for the application. The lead organisation for the activity will, if your application is successful, sign the funding agreement, receive the funding and assume legal responsibility for performing the terms and conditions outlined in the funding agreement.

A lead organisation must be a legal entity that is able to enter into the funding agreement.

If more than one entity will be involved in the project (e.g. partnership or consortium), the lead organisation must be identified, and an authorised representative of the lead organisation must sign the Application Form. The lead organisation will be the recipient of the funds.

## Probity

ACPSEM is committed to ensuring that the process for providing funding under grant programmes is transparent and in accordance with these Guidelines.

Note: Guidelines may be varied from time-to-time by ACPSEM as the needs of the grant programme dictate. Amended Guidelines will be published on the ACPSEM’s website and reflected in contract variations where necessary.

## Appeals Handling Process

ACPSEM’s Appeals Policy is currently being updated to include appeals against the Grant outcomes. At the time of advice being given about success (or otherwise) in the application process, specific reference will also be made to the appeal process available to applicants.

## Conflict of interest

A conflict of interest may exist if a party, including the applicant or any of its personnel, departmental staff and/or any member of the panel:

* Has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a departmental officer;
* Has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants in carrying out the proposed activities fairly and independently; or
* Has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the granting of funding under the programme.

Each party will be required to declare as part of their application, existing conflicts of interest, perceived conflict of interest, or that to the best of their knowledge there is no conflict of interest, including in relation to the examples above, that would impact on or prevent the applicant from proceeding with the programme or any funding agreement it may enter into with the department.

Where a party subsequently identifies that an actual, apparent, or potential conflict of interest exists or might arise in relation to this application for funding, external parties must inform ACPSEM in writing immediately.

## Accountability and transparency

The Panel Members will ensure that the process and all decisions and recommendations are fully documented, based on objectivity with regard to the information available and consistent with the Application Guide documentation and the Funding Assessment Plan.

## Confidentiality

The Applications and all assessment data and materials will be treated as confidential.

## Retain a copy of the application

It is recommended that you retain a copy of your application for record keeping purposes.

## Taxation implications

Applicants are responsible for ensuring compliance with appropriate taxation legislative requirements. For general guidance on the taxation treatment of grants and funding from the Commonwealth, applicants may wish to refer to the Australian Tax Office website [www.ato.gov.au]. However, applicants are advised to seek independent advice from a taxation professional on how funding provided under the Programme would be treated for tax purposes.

## Programme guidelines

The Programme Guidelines will be publicly available and will form part of the documentation for this funding process.

## Indexation

Where indexation will likely apply to the funding agreement, ACPSEM will advise service providers in writing each year of the indexation that will apply to the funding.

## Invoicing (RCTI)

ACPSEM will produce tax invoices on behalf of service providers, known as Recipient Created Tax Invoices (RCTI). RCTIs are to ensure efficient payment processing. This removes the need for grant recipients to provide invoices.

## Payment

The first payment of funding will occur in accordance with the executed funding agreement.

## Withholding and/or reducing payments

ACPSEM may at its discretion withhold payments for non-compliance with the funding agreement.



**MEDICAL PHYSICIST TRAINEE SUPPORT GRANTS**

(Including Radiopharmaceutical Science)

Grant Funding Round No 4: 2022

**Attachment A**

**Application Form**

[Part 1: Applicants Details 2](#_Toc2601753)

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# Part 1: Applicants Details

**Name of Department** [Enter Department Name Here including Hospital Name]

**Discipline/s** [Enter DIMP, RPS or ROMP here and see below re multiple positions]

**No of Positions Sought** [Please note that this form may be used for more than one (1) position but a separate Section 7 must be provided for each position sought]

**1. What is the legal name of the applicant?**

[Enter your response here]

**2. What is the legal entity type of the applicant?**

[Enter your response here]

**3. What is the trading name (business name) of the applicant, if applicable?**

[Enter your response here]

**4. What are the business address and main contact details of the applicant?**

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Business address line 1** | [Enter the applicant’s business address line 1 here] |
| **Business address line 2** | [Enter the applicant’s business address line 2 here] |
| **Suburb / town** | [Enter the applicant’s suburb or town here] |
| **State / Territory** | [Enter the applicant’s state or territory here] |
| **Postcode** | [Enter the applicant’s postcode here] |
| **Telephone number** | [Enter the applicant’s telephone number here] |
| **Email address** | [Enter the applicant’s email address here] |
| **Web address** | [Enter the applicant’s web address here] |

**5. Is the applicant’s postal address different from the above business address?**

[Enter YES or NO here]

IF YES PLEASE REPLICATE THE TABLE AT 4 ABOVE AND PROVIDE THE ADDITIONAL ADDRESS

**6. What is the applicant’s Australian Business Number (ABN), if applicable?**

**ABN:** [Enter the applicant’s ABN or N/A here]

**ABN Branch Number (if applicable):** [Enter the applicant’s ABN Branch Number or N/A here]

**If the Applicant does not have an ABN, you must provide a completed Statement by a supplier (reason for not quoting an ABN to an enterprise).**

For further details about Withholding from payments, or for a copy of the Statement by a supplier, refer to the [Australian Taxation Office website.](https://www.ato.gov.au/Business/PAYG-withholding/In-detail/Payments-where-no-ABN-is-quoted/Statement-by-a-supplier--not-quoting-ABN-to-an-enterprise/)

**7. Provide details of the officer authorised to be contacted regarding the information provided in this registration form.**

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Title** | [Enter the authorised contact’s title here] |
| **First name** | [Enter the authorised contact’s first name here] |
| **Last name** | [Enter the authorised contact’s last name here] |
| **Position** | [Enter the authorised contact’s position here] |
| **Telephone number** | [Enter the authorised contact’s telephone number here] |
| **Mobile number** | [Enter the authorised contact’s mobile number here] |
| **Email address** | [Enter the authorised contact’s email address here] |
| **Preferred mode of contact** | [Enter the best contact mode for the authorised contact] |
| **Preferred times of contact** | [Enter the best contact times for the authorised contact] |

# 

# Part 2 Financial Details

The information provided in this part of the Application Form will be used should the application be successful.

**11. Is the applicant GST registered?**

[Enter YES or NO here]

**12. What is the applicant’s financial email address for the receipt of payment advice,** **should the grant application/s be successful?**

*Note: The ACPSEM will email any recipient created tax invoices (RCTIs) to the*

*applicant’s financial email address.*

[Enter the applicant’s financial email address here]

**13. Provide the applicant's bank account details for the receipt of payments.**

[Enter the applicant’s BSB number here]

[Enter the applicant’s bank account number here] [Enter the applicant’s bank account name here]

# Part 3 Financial Viability and Governance

A financial viability and governance assessment may be taken into consideration in the assessment of your application.

**15. If requested to do so, are you able to provide the following documents?**

**1) An organisation chart with duty statements for key positions**

[Enter YES or NO here]

**16. Please indicate if the applicant or any member of the board of management is subject to any of the following.**

**1) Any form of litigation or enquiry that is current, pending or was finalised during the past three years**

[Enter YES or NO here]

**2) Any significant financial matters which may impact on the applicant**

[Enter YES or NO here]

**3) Any future commitments or contingent liabilities that may materially affect the applicant**

[Enter YES or NO here]

**If you answered YES to any of the above, please provide a brief explanation. (Limit: 300 words)**

[Enter a brief explanation here or N/A]

**17. Does the applicant plan to deliver the Activity as part of a consortium i.e make a Joint Application?**

[Enter YES or NO here – if answer is NO, go to question 18]

*An applicant may determine that service delivery is best achieved through the use of a consortium arrangement. Applicants intending to enable 50% of registrar training within Modified Monash Model 2-7 facilities, and who seek the regional loading payment of up to $20,000 per year must make a joint application inclusive of all facilities participating in the application.*

*If the application is successful, the applicant (lead organisation) will be offered a Grant Agreement with the ACPSEM as the lead agency and held liable for all obligations contained in the Grant Agreement's terms and conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.*

*The panel of consortium members does not enter into a Grant Agreement with the ACPSEM. The applicant should obtain a statement of support signed by the proposed consortium members. Where possible the letter/s of support should be provided with this application.*

**If you answered YES above, please copy and complete the below table for each consortium member other than the applicant.**

**If the answer is no please delete the tables below from your application form**

**Consortium member 1 details**

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Legal name** | [Enter the consortium member’s legal name here] |
| **Trading name** | [Enter the consortium member’s trading name here] |
| **ABN** | [Enter the consortium member’s ABN here] |
| **Entity type** | [Enter the consortium member’s entity type here] |
| **Role in consortium** | [Briefly describe the role of the consortium member here] |
| **Business address line 1** | [Enter the consortium member’s business address line 1 here] |
| **Business address line 2** | [Enter the consortium member’s business address line 2 here] |

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Suburb / town** | [Enter the consortium member’s suburb or town here] |
| **State / Territory** | [Enter the consortium member’s state or territory here] |
| **Postcode** | [Enter the consortium member’s postcode here] |
| **Telephone number** | [Enter the consortium member’s telephone number here] |
| **Email address** | [Enter the consortium member’s email address here] |

**18. Does the applicant plan to sub-contract any or all of the service provision to another organisation or individual?**

[Enter YES, NO or TBA here– if answer is NO, go to question 19]

*An applicant may determine that service delivery is best achieved through the use of sub- contractors.*

*If the application is successful, the applicant will be offered a Grant Agreement with the ACPSEM as the lead agency and held liable for all obligations contained in the Grant Agreement's terms and conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.*

*Sub-contractors do not enter into a Grant Agreement with the ACPSEM. The applicant should obtain a signed statement from each sub-contractor engaged to deliver services.*

**If you answered YES above, please copy and complete the below table for each sub- contractor.**

**If you answered NO please delete the following table from your application form**

**Sub-contractor 1 details**

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Legal name** | [Enter the sub-contractor’s legal name here] |
| **Trading name** | [Enter the sub-contractor’s trading name here] |
| **ABN** | [Enter the sub-contractor’s ABN here] |
| **Entity type** | [Enter the sub-contractor’s entity type here] |
| **Role of sub-contractor** | [Briefly describe the role of the sub-contractor here] |

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Business address line 1** | [Enter the sub-contractor’s business address line 1 here] |
| **Business address line 2** | [Enter the sub-contractor’s business address line 2 here] |
| **Suburb / town** | [Enter the sub-contractor’s suburb or town here] |
| **State / Territory** | [Enter the sub-contractor’s state or territory here] |
| **Postcode** | [Enter the sub-contractor’s postcode here] |
| **Telephone number** | [Enter the sub-contractor’s telephone number here] |
| **Email address** | [Enter the sub-contractor’s email address here] |

# Part 4 Activity Details

**19. What are the proposed start and end dates of the proposed Activity that is the subject of this application?**

**Start date:**

[Enter the expected start date of the Activity here]

**End date:**

[Enter the expected completion date of the Activity here]

**20. Does the Applicant Seek to access the up to $20,000 regional loading offered as a component of this grant?**

[Enter YES or NO here]

If YES you MUST detail the proposed use of funds. There is no right or wrong answer and statements will be discussed. This information is needed for the contract.

**21. Does the Activity rely on any contributions other than those requested in this application (including commercial borrowings, donations and co-contributions)?**

[Enter YES or NO here – if NO go to Part 6]

Please note that all applications made will be assumed to be for the maximum grant amount of $60,000 per year for three (3) years paid annually.

**If you answered YES above, provide details of other contributions which will be relied upon to complete this Activity.**

|  |  |  |
| --- | --- | --- |
| **Source of funding** | **Amount of funding**  **(excluding GST)** | **Status of application** |
| [Enter the source of the funding here] | [Enter the amount of funding from this source here, excluding GST] | [Enter TO BE SUBMITTED, AWAITING OUTCOME, CONFIRMED or REJECTED here] |
| [Enter the source of the funding here] | [Enter the amount of funding from this source here, excluding GST] | [Enter TO BE SUBMITTED, AWAITING OUTCOME, CONFIRMED or REJECTED here] |
| [Enter the source of the funding here] | [Enter the amount of funding from this source here, excluding GST] | [Enter TO BE SUBMITTED, AWAITING OUTCOME, CONFIRMED or REJECTED here] |

*Note: Please add or remove rows as necessary.*

*Please note that you may be requested to provide letters of support or other forms of evidence before your application is considered further in the assessment process.*

**Please attach your organisation’s certificate of accreditation if applicable.**

[Certificate attached yes/no]

If NO please advise if (already) or when an application for accreditation will be/has been submitted

# Part 5 Selection Criteria

Please note: Part 5 **must** be completed for each **funded** position you are applying for in the following manner:

Section 1.a – a description of the registrar role for each registrar must be provided.

Section 3.a – The Description of roles and responsibilities should assume that multiple positions are approved and make clear how training as a whole will be organized across the site.

Applications will be assessed against the following selection criteria. All criteria are mandatory and weighted as indicated.

1. **Selection Criteria 1 – How Training will be Organised**

*Please retain the sub criterion headings in the table and insert text in replacement of the explanations given*

*Please ensure that each criteria is separated from the succeeding criteria by a section break in the document*

|  |  |
| --- | --- |
| **1.a Registrar Recruitment (400 words limit)**  Provide details of your capacity to attract and train appropriately qualified registrars, including experience in recruiting previous registrars, expressions of interest from registrars or universities, or interest from professional bodies looking to place registrars  Also include a brief description of the Registrar’s Role. [if more than one registrar position funding is sought there must be a brief role description for each Registrar] | 15% |
| **1.b Addressing Required Competencies (500 words limit)**  Detail the competencies they will be taught with reference to the relevant clinical training guide (CTG), based on your current facilities and infrastructure, available trainers and with reference to a potential timeline over the period of the grant.  Mention also, any other facilities or opportunities that will become available in the three-year period of the grant.  Where facilities are unable to support some competencies please note these and propose alternate ways in which the competencies might be achieved.  ROMP applicants should refer to the [**NEW TEAP curriculum**](https://www.acpsem.org.au/as_agentcs.p?cmd=Document_AnywhereDoc(C0000020,00021604,f89465b75a265db04a9c009ddfb50415cb1c6a48)&TenID=ACPSEM)  For facilities yet to undergo ACPSEM Accreditation and to complete a training plan, please contact ACPSEM by email to [acpsemgrants@acpsem.org.au](mailto:acpsemgrants@acpsem.org.au) should you have difficulty in accessing the required information on the ACPSEM website.  **PLEASE AVOID A SIMPLE RESTATEMENT OF THE CTG; THE PANEL IS LOOKING FOR RESPONSES THAT SHOW CLEARLY THAT THE APPLICANT HAS DONE AN OBJECTIVE ASSESSMENT OF THE SITE’S ABILITY TO DELIVER THE CTG REQUIREMENTS AT THE TIME OF SUBMISSION, INCLUDING NOTING OTHER ARRANGEMENTS THAT MIGHT BE MADE WHERE GAPS EXIST.** | 25% |
| **1.c Enabling Registrars to Complete Required Learning Outcomes (300-word limit)**  Please acknowledge in your application that you understand that a prerequisite for receiving grant funding is that the employer agrees to provide opportunity for the registrar to not only complete activities specified in the CTG, but also to provide protected time for the registrar to reflect on necessary activities and document the associated learning outcomes in COMET.  Please outline how you expect that this requirement will be addressed and achieved in your training facility, including the Supervisor/Preceptor role in the chosen strategy. In so doing please note that registrar training is managed via an LMS, a Moodle-based system requiring regular effort on the part of registrar and supervisor. | 10% |

**23. Selection Criteria 2** - **Workforce Need**

*Please retain the sub criterion headings in the table and insert text in replacement of the explanations given.*

*Please ensure that each criteria is separated from the succeeding criteria by a section break in the document.*

|  |  |
| --- | --- |
| **2.a Workforce Impact (500 word)**  Discuss the impact employment of a registrar in your region would have on variables such as patient access and the quality of care at your facility. Discussion may include changing regulations, succession planning, optimisation and quality improvement, increasing demand for services and/or treatments – and should focus on how a registrar can assist given that they will not be an experienced member of the workforce. | 10% |
| **2.b MMM Classification**  Please provide a breakdown (%) of where training will occur.  Please Identify the Australian Modified Monash Model Classification (MMM) for the facilities in which the majority of training will occur**.**  (MMM2 Training regions will receive higher weightings than other regions) | 5% |
| **2.c Training in MM2 Regions or Other Expanded Settings (500 words)**  Where training will occur for the majority of time in an MMM2 facility and access is sought to the proposed $20,000 annual incentive for applications where a minimum of 50% of training will occur in MMM 2-7 facilities, please outline how the applicant would plan to use the incentive funding  **Though a zero weighting is attached to the criterion, if sufficient explanation is not provided to enable contract drafting, incentive funding will not be approved.** | 0% |
| **2.c Reach and Impact of Services Delivered - Rural and Regional Patients (300 words)**  Applicants are advised that this criterion is a new one, reflecting the intent of the 2022-2026 agreement with the Department of Health. Applicants are asked to supply information regarding the proportion of services delivered in support of rural and regional patients.  **Absence of a statement would preclude a grant being offered as it is a contractual requirement that the information be captured.** | 0% |

**24. Selection Criterion 3 – Departmental Oversight and Supervision of the TEAP Registrar**

*Please retain the sub criterion headings in the table and insert text in replacement of the explanations given.*

*Please ensure that each criteria is separated from the succeeding criteria by a section break in the document.*

|  |  |
| --- | --- |
| **3.a Division of Roles and Responsibilities (500 words)**   1. Responses should detail staff who will be undertaking preceptor, supervisor or trainer roles in support of the registrar, including;   Name  Proposed Role  (for Trainers only) the module/s they will be delivering to registrars   1. In completing this criterion, sites are asked to describe how training and education activities are monitored and supported by the Department. 2. Please also include specific explanation of how potential conflict, and registrar or supervisor underperformance would be managed. | 10% |
| **3.b Supervisor Statements (400 words per supervisor and preceptor, not including cv attachments)**   1. This part of your application must be prepared by the proposed preceptor (where applicable) and supervisor.   Please include the CV’s for any supervisor or preceptor who is a party to this application  **APPLICATIONS MUST INCLUDE CVs**.   1. Supervisory Skills including planned professional development   The preceptor (where relevant) and nominated Supervisor must provide brief statements addressing their supervisory skills from a quality improvement perspective (i.e. there are no right or wrong answers with the best responses being those that demonstrate reflection has taken place):   1. Strengths 2. Challenges 3. Planned Professional Development   Schedule 2 to the draft contract may assist you in completing this criterion  **Please note that this criterion requires clear evidence that proposed preceptors/supervisors have reflected on their capacity to undertake supervision.**  **Applicants should avoid generalizations such as simply noting the track record of a site in supporting training. The point of this criterion is to capture effort individual(s) have applied in preparation for the supervisory task, should the grant be successful.** | 25% |

# Part 6 Attachments

**24. Please indicate any additional documents you have attached in support of this application.**

# Part 7 Contacts and Referees

**25. Who is the applicant's preferred authorised contact person for this application?**

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Title** | [Enter the preferred contact’s title here] |
| **First name** | [Enter the preferred contact’s first name here] |
| **Last name** | [Enter the preferred contact’s last name here] |
| **Position** | [Enter the preferred contact’s position here] |
| **Telephone number** | [Enter the preferred contact’s telephone number here] |
| **Mobile number** | [Enter the preferred contact’s mobile number here] |
| **Email address** | [Enter the preferred contact’s email address here] |
| **Preferred mode of contact** | [Enter the best contact mode for the preferred contact] |
| **Preferred times of contact** | [Enter the best contact times for the preferred contact] |

**26. Provide the name and contact details of two referees. [**Please consider including an ACPSEM College member as a referee]

**Referee 1 contact details**

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Title** | [Enter the referee’s title here] |
| **First name** | [Enter the referee’s first name here] |
| **Last name** | [Enter the referee’s last name here] |
| **Position** | [Enter the referee’s position here] |
| **Organisation** | [Enter the referee’s organisation here] |
| **Relationship** | [Enter your relationship with the referee here] |
| **Telephone number** | [Enter the referee’s telephone number here] |
| **Mobile number** | [Enter the referee’s mobile number here] |
| **Email address** | [Enter the referee’s email address here] |

**Referee 2 contact details**

|  |  |
| --- | --- |
| **Required Information** | **Applicant Response** |
| **Title** | [Enter the referee’s title here] |
| **First name** | [Enter the referee’s first name here] |
| **Last name** | [Enter the referee’s last name here] |
| **Position** | [Enter the referee’s position here] |
| **Organisation** | [Enter the referee’s organisation here] |
| **Relationship** | [Enter your relationship with the referee here] |
| **Telephone number** | [Enter the referee’s telephone number here] |
| **Mobile number** | [Enter the referee’s mobile number here] |
| **Email address** | [Enter the referee’s email address here] |

# Part 8 Declaration

**27. Please read and complete the following declaration**

**I declare that:**

**I understand and accept the Eligibility Criteria detailed below: [where there is an either/or option please delete the one that does not apply]**

Any requirement that is preceded by the word **must** is an eligibility criterion and has to be addressed.

You are responsible for ensuring your completed proposal is accurate and meets the following *eligibility criteria:*

1. The Application Declaration **must** be signed by an authorised officer.
2. You **must** declare the intention to ensure that Training Education and Assessment Program (TEAP) trainees employed under this grant scheme will undertake their postgraduate studies at an accredited university for the medical physics course and clinical training at a facility accredited by ACPSEM, if such studies have not already been completed prior to enrolment in TEAP.
3. You must declare either
   1. that this facility is accredited by ACPSEM for training purposes,

Or

* 1. that you have read the relevant ACPSEM Accreditation Policy and are prepared to undergo an accreditation process without delay or at another time convenient to the ACPSEM.

1. You must declare either
   1. that you intend to recruit to a Registrar Training position if successful in this grant application process

Or

* 1. that you intend to use funds to support an existing employee access TEAP and subsequent certification. Please note eligibility criteria six before proceeding in this manner.

1. You **must** declare that you understand that should you use grant funds to support an existing employee or promote a registrar from a designated registrar position to a higher appointment within the grant period, resulting in resignation from the TEAP, that ACPSEM will seek return of grant funds on a pro rata basis and discontinue grant funding.
2. You **must** declare that you understand that should a registrar resign from TEAP and/or accreditation of your facility be rescinded, then grant funding will be discontinued unless application is made to the ACPSEM CEO for recognition of special circumstances and such circumstances are approved.
3. You **must** acknowledge that the Grant is approved for a period of 1,2 or 3 years subject to:
   1. Appointment of a person into the nominated position (in this grant) within 4 months of grant approval, unless otherwise negotiated with the ACPSEM.
   2. Receipt of the registrar’s TEAP grant application in full no later than **two weeks after** the date of commencement of the position.
   3. Meeting annual activity and reporting requirements as described in this document and included in the Grant Agreement, noting that these requirements and therefore the grant agreement may be varied from time to time to reflect changes in ACPSEM policy or Commonwealth requirements attached to the provision of grant funds to the ACPSEM.
4. The annual reporting requirements currently include (but are not limited to):
5. Maintenance of accreditation of the Facility including submission of the Annual Status Report
6. Annual confirmation of the training plan, with the training plan being the document developed for purpose of accreditation or reaccreditation; accompanied by an explanation of the review process and why changes have or have not been made.
7. A summary of professional development activities undertaken within the year preceding the anniversary date, and those planned for the following year by the Supervisor and team members (where applicable) including attendance at one (1) ACPSEM run or approved supervisor education event, by Nikki Caswell.
8. Evidence of completion of the annual Supervisor Update Module (on COMET) by team members involved in registrar training and education.
9. A summary evaluation of the achievements and challenges experienced, through regular interaction with the Registrar/s in support of completion of TEAP during the year in review.
10. A self-assessment of the supervisory team’s experiences with sign off of competencies in COMET, including:
    1. Feedback to ACPSEM re COMET
    2. Assessment of the site’s performance in supporting the trainee’s needs with respect to timely competency sign off and progress monitoring in COMET
11. You must acknowledge that you understand that grant funds will be transferred to the facility following receipt of a complete TEAP application (by the trainee) unless prospective alternative arrangements have been made with ACPSEM.
12. You mustacknowledge that should ACPSEM approveappointment of a Supervisor who is in the process of being registered, where that person does not complete undertakings to be registered, the status of the Grant will be reviewed by ACPSEM. Similarly, should a supervisor lose registration status the Grant status would also be reviewed.

**The conflicts of interest that may occur from submitting this application are:** [Enter your response here – delete if not applicable]

**I understand and agree to the declaration above.** [Enter UNDERSTOOD AND AGREED here]

**Signature:**

[Sign here]

[Enter the full name of the Authorised Officer here]

[Enter the position of Authorised Officer here]

[Enter the date that this declaration is made here]