# Expression of interest form

# Rural and Remote Research Capacity Building Program (RRR-Cap): Research Placements Funding Support – Cohort 2, 2024

The Office of the Chief Allied Health Officer (OCAHO) invites expressions of interest (EOI) from HHSs nominating an eligible rural and remote Health Practitioner (HP) to receive reimbursement for associated travel and accommodation to undertake a supported research placement with an experienced Health Practitioner researcher or research team. Successful applicants will complete a research placement for up to **five days** in a nominated facility to develop their research skills and networks and access specialist expertise and/or equipment required to undertake a research project. Alternatively, facilitators may support a reverse placement for up to **five days** where the facilitator will travel to attend the applying HP’s local site.

Please read the accompanying Information Sheet before completing this expression of interest. A copy of the information sheet can also be obtained by contacting the OCAHO at

HP-Research@health.qld.gov.au.

### Submission details

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| Due | 5pm Friday 12 April 2024 |
| Submit to | HP-Research@health.qld.gov.au (subject line “EOI: RRR-Cap Research Placement”) |
| Instructions | Incomplete EOIs will not be accepted. Complete EOIs have all required signatures (page 6) supplied by the due date. Please submit:* one signed copy of the EOI in PDF format (.pdf).
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### Nominated employee ‘Applicant’ details

| Full name including title | [insert] |
| --- | --- |
| Profession | [insert] |
| Position title  | [insert] |
| Classification | [ ]  HP2 [ ]  HP3 [ ]  HP4 [ ]  HP5 [ ]  HP6 [ ]  HP7 [ ]  HP8  |
| Base facility, location and HHS | [insert] |
| Employment status | [insert if temporary or permanent employment in the position. If temporary, insert the end date of the current employment agreement] |
| Appointment (FTE) | [insert FTE of individual's appointment e.g. 1FTE] |
| Commencement date | [insert date of commencement in this position] |
| Office phone / mobile  | [insert phone number] |
| Email address | [insert email address] |

### Nominated employee ‘Applicant; details (continued)

| Placement Identification: | [ ]  Placement already identified [ ]  Placement not identified  (skip to ‘Placement Request’) |
| --- | --- |
| **Placement details: (if placement identified)** |
| Is a reverse placement being proposed? | [ ]  Yes (***Facilitator Certification Form*** must be completed by the nominated facilitator and to be submitted with this EOI)  | [ ]  No |
| Provide details of the proposed placement opportunity including the type of facilitator or facility features required. (*Please include names of researcher, research team and/or services /site address*) | [insert] |
| Provide a summary of existing communication with intended placement site relevant to this opportunity *(i.e. existing collaboration, discussions or tentative endorsement of supporting placement)* | [insert] |
| **Placement Request (if placement opportunity not identified)** |
| Provide details of assistance required to identify and/or facilitate a placement | [ ]  I am new to research and unsure of a suitable placement location or group [ ]  I have a preferred placement facility / location however unsure of suitability or site contact/s [ ]  I have a preferred research area / discipline however unsure of a suitable placement location or facilitator group [ ]  I have a multiple preferred research areas / disciplines and require support to identify a suitable placement location and/or facilitator group [insert additional detail as required] |
| Proposed placement periods of availability ***(placement must be completed by 31 December, 2024.*** | [insert] |

### Operational supports

The operational manager (or HHS delegate) is requested to provide a brief supporting statement that includes the support that will be provided for the nominated employee to engage in the facilitated placement and associated activities post placement. Examples may include allocating work time, local peer support arrangements.

|  |
| --- |
| **Statement 2: Manager**[insert statement (up to 350 words) including operational supports that will be provided to assist the employee e.g. time, support to relevant post-placement activitiesStatement provided by: [insert name and position] |

## Proposal

Please provide a description of the goals and outcomes desired from the research placement in relation to research knowledge or skill development and/or progression of a specific research activity. Please also consider how this can be shared with, or will benefit your local service/s.

|  |  |
| --- | --- |
| Background | [What kind of research activity / activities are you currently engaging in? What are the current gaps in your knowledge, or barriers to our progress that a placement could help to address?]  |
| Research Placement Goals*(e.g. access to specialised research equipment or expertise, build research network, participant in research group planning, participant in research development opportunity)* | [What research knowledge or skills would you like to gain from this placement? How will this research placement assist you in undertaking a specific research activity or project (if applicable)?] |
| Expected Outcomes*(e.g. finalise data analysis and interpretation with support, build collaborations across sites, deliver training or support to local service)* | [What are the expected outcomes or outputs from the research placement? How will these outcomes benefit your local service?] |
| Implementation and potential to share learning with local service and/or research team*(e.g. skills in SPSS, qualitative analysis, project management)* | [How will your learnings be shared with your local service and/or research team?] |

## Conditions of Funding Support

### Funding offer

Following acceptance of a Research Placement EOI, the OCAHO will provide a written offer of funding to the HHS representative and Applicant. The offer will outline the funding commitment of the OCAHO for the nominated Applicant. The HHS delegate, operational manager and Applicant will sign the offer and return it to the OCAHO by the due date in order to accept the funding support.

### Reverse Placement Funding offer

Where a reverse placement is being proposed, following acceptance of an EOI, the OCAHO will provide;

1. (Applicant HHS) A written offer of a reverse placement to the HHS representative and Applicant. The offer will outline the commitment of the OCAHO to support a facilitator to mentor the Applicant via a reverse placement (facilitator to travel to Applicant’s local site). The HHS delegate, operational manager and Applicant will sign the offer and return it to the OCAHO by the due date in order to accept the support.
2. (Facilitator HHS) A written offer of funding to the HHS representative and nominated facilitator. The offer will outline the funding commitment of the OCAHO for the nominated facilitator to travel to the Applicant’s HHS to support the Applicant for a reverse placement. The HHS delegate, operational manager and nominated facilitator will sign the offer and return it to the OCAHO by the due date in order to accept the funding support.

### Reporting

The below reporting requirements are to be provided to HP-Research@health.qld.gov.au in order for the HHS and nominated employee to have continued eligibility for the funding support. Failure to meet the reporting requirements may lead to withdrawal of the funding support.

#### Summary report and implementation plan

Due: **Six weeks from last date of placement period.**

Templates will be supplied to the employee to develop their summary report and implementation plan which will include:

* evidence of attendance at nominated placement
* summary of placement experience, learning, activities
* implementation plan to support specified and general research activities within the local unit
* relevant IEJ forms (provided by the travelling staff member)
* evidence of relevant tax invoice/receipts (provided by the travelling staff member)

## Eligibility

AHHS is eligible to submit an EOI if the Applicant meets criteria listed below.

#### Position classification

Health Practitioner Level 2 (HP2) and above.

#### Position status

The Applicant can be temporary or permanent. If temporary, the employees’ appointment should extend to at least three months beyond the funding term. The employee can be full-time or part-time.

#### Position location

The Applicant’s position base location is classified according to the [Modified Monash Model](https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm) (MMM) as Remoteness Classification MMM Level 3 (large rural town) up to MMM Level 7 (very remote community). A full list of RRR-Cap eligible Queensland Health locations can be found [here](https://www.health.qld.gov.au/hpresearch/html/RRR-Cap).

### Exception reporting

The HHS will advise the OCAHO within 7 days of the following:

1. The nominated employee:
	* resigns from the position (or other form of position separation). The nominated employee will not have access to the funding support if they leave their position permanently.
	* has a change of employment status e.g. is approved to change from full-time to part-time.
	* is at risk of failing to complete the requirements for the funding support.
2. The nominated employees’ position status (permanent, temporary, FTE) changes to no longer meet the requirements for funding.

## Support for RRR-CAP: Research Placement

HHSs with nominated employees that have access to the OCAHO funding support will:

* allow relevant staff to participate in reasonable evaluation activities associated with the statewide research capacity building strategy.
* grant reasonable requests for staff to contribute to promotion, profiling and other media opportunities related to their participation in the research capacity building strategy. Formal approvals will be requested from HHS delegates prior to progressing any media activities.

## Certification

| **Nominated Employee - Applicant** |
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| I certify that I have read the information and conditions described within this EOI, and that I meet the eligibility criteria. I certify that all details in this application are correct. I understand and agree that if successful, I will be required to meet the terms and conditions of receiving the funding including the provision of indicated reporting and evidence of travel costs. |
| Name | [insert name] | Date |  |
| Signature |  |
| **Operational manager**  |
| I certify that I have read the information and conditions described within this EOI, and that I support this application for research placement funding support. |
| Name | [insert name] | Date |  |
| Position  | [insert position] | Unit |  |
| Signature |  |
| **HHS delegate (e.g. Director of Allied Health, Executive Director of Rural Services)** |
| I certify that I have read the information and conditions described within this EOI, and that I support this application for research placement funding support. |
| Name | [insert name] | Date |  |
| Position | [insert position] |
| Signature |  |