# Expression of Interest Form – RRR Funding

# Rural and Remote Research Capacity Building Program (RRR-Cap): AH-TRIP Coaching Workshop Attendance Support

The Office of the Chief Allied Health Officer (OCAHO) invites expressions of interest (EOI) from an **eligible regional, rural and remote Health Practitioner** (HP) to participate in the **AH-TRIP Coaching Workshop** hosted at the Translational Research Institute, Brisbane on the **Friday 1 March 2024, 9:00 – 12:00 pm (AEST)**. In order to support in person attendance, this support package will provide travel and accommodation reimbursement for successful applicants.

### Submission details

|  |  |
| --- | --- |
| Due | **Friday 16 February 2024** |
| Submit to | [HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au) (subject line “EOI: AH-TRIP Coaching Workshop Funding Support”) |
| Instructions | Incomplete EOIs will not be accepted. Complete EOIs have all required signatures (page 2) supplied by the due date. Please submit:   * one signed copy of the EOI in PDF format (.pdf). * one Microsoft Word copy of the EOI. * Other supporting documentation i.e., CV |

### EOI details

This EOI relates to the following nominated employee:

| Full name including title |  |
| --- | --- |
| Profession |  |
| Position title |  |
| Classification | HP3  HP4  HP5  HP6 |
| Base facility and location |  |
| HHS |  |
|  |  |

## Nominated employee details

| Date of entry to profession |  |
| --- | --- |
| Employment status |  |
| Appointment |  |
| Date of commencement |  |
| Is a CV supplied? | Yes – CV is attached that lists at a minimum all qualifications and all positions held as a health professional along with any relevant awards or achievements (NOTE: referees are not required). |
| Office phone number |  |
| Work mobile (if relevant) |  |
| Email address |  |
|  |  |
| Types and details of funding support request |  |

## Operational manager

The operational manager is responsible for endorsing the employee’s engagement with the indicated event and will provide support as/if relevant based on the employee’s support request. Requirements are outlined in the accompanying EOI information sheet.

|  |  |
| --- | --- |
| Name |  |
| Position title |  |
| Work unit name |  |
| Base facility |  |
| Email address |  |
| Phone number |  |

## Sign off

The following employees have read the Information Sheet, verify the content, and support this EOI.

| **Nominated Employee proposed to receive funding support** | |
| --- | --- |
| Name | [insert name] |
| Position and unit | [insert position and unit] |
| Signature |  |
| Date |  |
| **Operational manager** | |
| Name | [insert name] |
| Position and unit | [insert position and unit] |
| Signature |  |
| Date |  |
|  |  |
| **HHS delegate (e.g. Director of Allied Health, Executive Director of Rural Services)** | |
| Name | [insert name] |
| Position | [insert position] |
| Signature |  |
| Date |  |

## Supporting statements

The nominated employee can provide a brief supporting statement for this EOI. The supporting statement/s should focus on:

* How workshop attendance will support and develop your skills and capacity
* How will you share your experiences, learnings as well as any strategies developed (as a result of attending this workshop) with your HHS

|  |
| --- |
| **Statement 1: Employee**  [insert statement (up to 350 words)]  Statement provided by: [insert name and position] |

### Operational supports

The operational manager is requested to provide a brief supporting statement that includes the support that will be provided for the nominated employee to engage activities associated with this initiative.

|  |
| --- |
| **Statement 2: Manager**  [insert statement (up to 100 words) including operational supports that will be provided to assist the employee as relevant.]  Statement provided by: [insert name and position] |