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Application form | AHPEP

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Please see [information sheet](https://www.health.qld.gov.au/__data/assets/pdf_file/0019/152623/ahpep-info.pdf) for further details about the program and assistance on how to complete the application form.

Applicants are strongly encouraged to seek support in preparing the application from their line manager, professional supervisor/leader, clinical educator, statewide program manager or mentor.

#### Submission details

|  |  |
| --- | --- |
| **Due** | **5pm Friday 1 December 2023** |
| **Submit to** | [**ahpep@health.qld.gov.au**](mailto:ahpep@health.qld.gov.au) |
| **Instructions** | Incomplete applications will not be accepted. This includes where signatures are missing.  Please submit only one signed copy of the application in a PDF format |

#### Applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position title |  |
|  |  |  |  |
| Are you an |  | Work email |  |
|  |  |  |  |
| Discipline |  | Work telephone |  |
|  | | | |
| Department/team |  | Hospital and Health Service |  |
|  | | | |
| Primary Work location |  | Line manager email |  |
|  |  |  |  |

NB: If your HHS is not listed in the drop down you can apply to be a Facilitator by clicking [here](https://www.health.qld.gov.au/__data/assets/word_doc/0019/1245322/ahpep-facilitator-eoi.docx).

|  |  |  |  |
| --- | --- | --- | --- |
| Are you employed in a permanent position? | Yes | No | (If no, please insert end date) |
| Have you completed an AHPEP placement in the last 2 years? | Yes | No | |
| Are you employed in an Allied Health Rural Generalist Training Position? | Yes | No | |
|  |  |  | |
| Are you an Aboriginal and Torres Strait Islander new graduate program participant? | Yes | No | |
|  |  |  | |
| Is the proposed host site 100kms away and not in the same HHS as your work location | Yes | No | |

#### Placement focus

**Placement request**

Briefly describe the proposed clinical placement opportunity, including the type of facilitator or facility features required.

|  |
| --- |
| [insert statement (minimum words 150 - maximum, 400) |

If known, please include names of clinicians, services, and sites/HHSs. Please indicate order of preference or if attendance is planned across two sites.

|  |
| --- |
| [insert statement] |

**Alignment and links with strategic objectives**

Outline how the proposed placement supports Queensland Health strategies, with specific reference to relevant Queensland Health and/or HHS strategies.

|  |
| --- |
| [insert statement (minimum words 150 - maximum, 400) |

Please identify if the placement will support any of the following service models at your usual place of work:

delivering care closer to home including a new service, and virtual models of care

service-specific clinical skills and priority models of care

delegation and improved utilisation of allied health assistants

increasing rural clinical education placements in rural locations

improving health equity for Aboriginal and Torres Strait Islander peoples, and/or vulnerable and disadvantaged groups

supporting the implementation and adoption of value-based health care (VBHC) in allied health services.

**Proposed Learning Goals**

List a minimum of three learning goals for the proposed clinical placement. Goals should be Specific, Measurable, Achievable, Relevant and Time-bound i.e., [SMART](https://qheps.health.qld.gov.au/__data/assets/pdf_file/0023/1480532/smart-goals.pdf). At least one goal must align to local allied health service improvement priorities and/or models of care.

|  |
| --- |
| [insert statement (minimum words 150 - maximum, 400) |

**Background**

Is the learning activity linked to your current performance and development plan and/or supervision agreement?

|  |  |
| --- | --- |
| Yes | No |

Please provide any relevant details including any learning activities and/or strategies that are planned or have already been undertaken, or which are linked to the learning goals (e.g., quality improvement initiative, literature review on the topic, attendance at training or other professional development activities). Information should indicate how the AHPEP will enhance the implementation of these learning activities into meaningful local client outcomes.

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| --- |
| [insert statement (minimum words 150 - maximum, 400) |

**Benefits to the service and HHS**

Describe the benefits at service, team, and clinical levels, including alignment with local operational and service plans and relevant Queensland Health strategies.

|  |
| --- |
| [insert statement (minimum words 150 - maximum, 400) |

**Plans for implementation**

Briefly outline how the skills and learnings from the placement will be implemented in your service. Consider framing the response by using Specific, Measurable, Achievable, Relevant and Time-bound (SMART) statements +/- information on work that has already occurred to support the change.

\*If applying from a regional hospital, please indicate how learnings and/or planned activities may be shared/utilised by rural and remote clinicians and services in your region.

|  |
| --- |
| [insert statement (minimum words 150 - maximum, 400) |

**Outcomes**

Briefly outline how outcomes will be sustained and measured/monitored or evaluated after implementation.

|  |
| --- |
| [insert statement (minimum words 150 - maximum, 400) |

**Placement request information**

Please indicate the type of placement you are applying for

|  |
| --- |
| Attend a host site/s  Have a facilitator visit my site  Is the application for an:  Individual or a  Team placement (Please attach details of all team members and the rationale for a team-based placement)  Please indicate the number of placement days you are applying for (excluding travel from usual location to host site):  1 day  2 days  3 days  4 days  5 days |

**Funding** **request**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Accommodation near placement site | | | Required | Not required | |
| Travel | Air | Bus | Mileage allowance | HHS Fleet Vehicle | Not required |

*\*Local travel will not be funded by AHPEP*

**Availability**

For the next six months please note

* any preferred weeks/dates, for yourself and your service

|  |
| --- |
| (insert dates) |

* all unavailable dates for yourself and your service. Please note - placements will not be amended once booked.

|  |
| --- |
| (insert dates) |

Submitted by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | | | |
| I acknowledge I have read, understand and agree that I:   * have completed the application package, including what is funded and am willing to fulfill my responsibilities to attend an AHPEP placement * confirm this application is relevant to service needs and is not able to be funded through other means * will use the outcomes of this placement to implement genuine improvements to the local service * confirm this is the only AHPEP application to be submitted in this round for my team/department * will notify AHPEP of any changes in availability/change to employment (i.e., resignation). * am aware that travel arrangements are to be booked according to [Department of Health Travel Policy](https://qheps.health.qld.gov.au/travel/domestic) * will not take leave or ADOs during the placement days * am not a temporary employee/or have at least six months remaining on my contract to fulfill all program obligations * Meet the Queensland Health requirements to practice in my profession i.e., Ahpra registration or eligibility for membership with the relevant professional association | | | |
| **Name:** |  | **Signature:** |  |
| **Position:** |  |  |
| **Email:** |  |  |
| **Phone:** |  | **Date:** | **/     /** |

Required support by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Operational Manager / Allied Health Team Leader / Discipline Director** | | | |
| I acknowledge that as the applicant’s manager/ team leader / discipline director I have read, understand, and agree that I:   * support the clinical placement activity, including planned learning goals and implementation and that these are aligned to the local service needs and is not able to be funded through other means * am aware of what is funded and am willing to fulfill my responsibilities including notifying AHPEP of any changes to the applicant’s availability/employment status * will support travel and accommodation bookings by my HHS according to [Department of Health Travel Policy](https://qheps.health.qld.gov.au/travel/domestic) and ensure details are provided to AHPEP to support reimbursement * confirm that the applicant will be rostered and paid normal wages during the placement period * support the outcomes of this placement to implement genuine improvements to the local service * confirm that the applicants are not a temporary employee/or has at least six months remaining on their contract in order to fulfill all program obligations * can confirm that the applicant meets the Queensland Health requirements to practice i.e., Ahpra registration or eligibility for membership with the relevant Association. | | | |
| **Name:** |  | **Signature:** |  |
| **Position:** |  |  |
| **Email:** |  |  |
| **Phone:** |  | **Date:** | **/     /** |

To assist the AHPEP team prioritise applications from the same site with multiple teams, the Allied Health Director or Executive Director to indicate their support.

Supported by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Executive Director / Director of Allied Health** | | | |
| I acknowledge that as the applicant’s Executive Director/Director of Allied Health I have read, understand, and agree that the HHS has prioritised this application, from this site and team, due to its relevance.  Where multiple applications are being submitted from different teams at the same site, I am happy to be contacted by AHPEP to confirm the priority ranking of this application. | | | |
| **Name:** |  | **Signature:** |  |
| **Email:** |  |  |
| **Phone:** |  | **Date:** | **/     /** |