# Reverse Placement Facilitator Certification Form

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

This form requires completion where an eligible rural and remote Health Practitioner (HP) ‘Applicant’ has submitted an EOI for a RRR-Cap **Reverse** Research Placement nominating an experienced HP researcher ‘Facilitator’ to support a research placement for up to five days in the Applicant’s local HHS facility. The funding support enables the Facilitator to receive reimbursement for associated travel and accommodation from their location to the applicant. In this circumstance, the applicant’s HHS would not receive any funding support.

Please read the accompanying Information Sheet before completing this form. A copy of the information sheet can also be obtained by contacting the OCAHO at [HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au).

### Submission details

|  |  |
| --- | --- |
| Due | 22 March 2024 |
| Submission details | The completed Facilitator Certification must be submitted by the application with the completed applicant EOI form to [HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au)  If one Facilitator is intending to support multiple applicants, a copy of this Facilitator Certification must be submitted with each individual applicant EOI. |

### Nominated facilitator details

| Full name including title | [insert] | |
| --- | --- | --- |
| Profession | [insert] | |
| Position title | [insert] | |
| Base facility, location and HHS | [insert] | |
| Office phone / mobile | [insert phone number] | |
| Email address | [insert email address] | |
|  |  | |
| Reverse Placement details | | |
| Is the facilitator intending to support multiple placements at during a single instance of travel? | Yes - (please ensure that each Applicant and placement summary are detailed separately) | No |
| Provide details of the proposed placement opportunity below **(per Applicant placement application)** | | |

| Placement #1 details | |
| --- | --- |
| Placement Applicant full name including title, Profession and Profession Title | [insert] |
| Placement Participant Base facility, location and HHS | [insert] |
| Placement Summary (this should reflect the details provided by the Placement Applicant within their EOI) |  |
| Placement #2 details – as applicable | |
| Placement Applicant full name including title, Profession and Profession Title | [insert] |
| Placement Participant Base facility, location and HHS | [insert] |
| Placement Summary (this should reflect the details provided by the Placement Applicant within their EOI) |  |
| Placement #3 details – as applicable | |
| Placement Applicant full name including title, Profession and Profession Title | [insert] |
| Placement Participant Base facility, location and HHS | [insert] |
| Placement Summary (this should reflect the details provided by the Placement Applicant within their EOI) |  |

## Certification

| **Nominated Facilitator** | | | |
| --- | --- | --- | --- |
| I certify that I have read the information described within this form. I certify that all details in this form are correct. I understand and agree that if successful, I will be required to meet terms and conditions of receiving funding including evidence of travel costs. | | | |
| Name | [insert name] | Date |  |
| Signature |  | | |
| **Operational manager** | | | |
| I certify that I have read the information described within this form, and that I support this form for reverse 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 described within this form, and that I support this form for reverse research placement funding support. | | | |
| Name | [insert name] | Date |  |
| Position | [insert position] | | |
| Signature |  | | |