



**College of Intensive Care Medicine  
of Australia and New Zealand  
ABN: 16 134 292 103**

## IRTP-STP Progress Report – Semester 2, 2018

Section 1: Post Details	
IRTP-STP Post #:	
Location / Site:	
Legal Entity:	

Section 2: Person Completing the Report			
Prefix:			
First Name:		Surname	
Title / Position:			
Location / Site			
Daytime Phone No:		Mobile No:	
Email:			

### Section 3: Trainee Details

Trainee Details	Trainee 1	Trainee 2
Prefix		
First Name		
Surname		
CICM Reg. No.		
Total FTE		
FTE Rural Area		
Trainee Start Date		
Trainee End Date		
Year / Level		
Medical Indemnity	<input type="checkbox"/>	<input type="checkbox"/>
Consent Form	<input type="checkbox"/>	<input type="checkbox"/>
Training requirements met?	<input type="checkbox"/>	<input type="checkbox"/>

Note: FTE is the ratio of hours worked per week to the number of hours in a standard week of full-time work. If the trainee has only worked for part of the rotation, simply enter their FTE during the time they were in the Post.

### Section 4: Provision of Support to the Trainee

Expense items / Activities	\$
<b>Total provision of support to the trainee in Semester 2, 2018</b> <b>Please provide receipts as evidence supporting each item/activity</b>	<b>\$</b>

**Eligible Rural Support Costs may include** (but are not limited to): Equipment (videoconferencing, teleconferencing, internet access keys, mobile phones), Travel costs (accommodation/rent subsidies, flights, car mileage, travel costs associated with attending teaching sessions), Trainee activities and/or resources (attendance at seminars)

**Ineligible Costs** include administration, supervision, salary and CICM training fees.

\*\*Irrespective of provision of support to the trainee, the payment from CICM will not exceed the Maximum Funded Amount for the semester\*\*

## Section 5: Invoice Details

Total Trainee FTE	
Total Salary Support Claim (GST Exclusive)	\$
Total Provision of support to the Trainee (GST Exclusive)	\$
GST Total	\$
<b>Invoice Total (GST Inclusive)</b>	<b>\$</b>
<b>Invoice Attached</b>	<input type="checkbox"/>

\*IRTP-STP funding is calculated based on: Semester = 182 days = \$75,000 Excl. GST = 1.0 FTE\*

## Section 5: Performance Data

**Feedback from trainees:** *Please provide feedback received from trainees that have filled the training position during the project period.*

**General Comments:** *Please provide additional comments or information you consider being of note. E.g. comments on the effectiveness or success of the training position, any obstacles or impediments that have been experienced.*

## Section 6: Declaration

Signed: .....

Date: .....

By submitting this report, I declare that:

- The information in this report is true and correct
- The monies received, expended and claimed were appropriately allocated to facilitate the trainees filling the training positions progress on the pathway to CICM Fellowship.
- These activities have been taken in accordance with the terms of the CICM STP Funding Agreement.

**Please submit this initial report and accompanying documentation via email to [sumithra@cicm.org.au](mailto:sumithra@cicm.org.au) by the 20 January 2019.**

For all enquiries please contact the STP Coordinator on [sumithra@cicm.org.au](mailto:sumithra@cicm.org.au) or (03) 9514 2826.