



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

## Tasmanian Project Progress Report – Semester 1, 2019

Section 1: Post Details	
TMSDT 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		
Term Start Date		
Term 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"/>

Section 4: Supervisor of Trainee (SOT) Details	
Prefix	
First Name	
Surname	
CICM Fellowship No.	
Total FTE	
FTE Rural Area	
Term Start Date	
Term End Date	

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/SOT has only worked for part of the rotation, simply enter their FTE during the time they were in the Post.

<b>Section 5: Invoice Details</b>	
Total Trainee FTE	
Total SOT FTE	
Trainee Salary Support Claim Total (GST Exclusive)	\$
SOT Salary Support Claim Total (GST Exclusive)	\$
GST Total	\$
<b>Invoice Total (GST Inclusive)</b>	<b>\$</b>
<b>Invoice Attached</b>	<input type="checkbox"/>

(TMSDT funding is calculated based on: Semester = 182 days = \$91,151.13 Excl. GST = 1.00FTE for a Trainee / Semester = 182 days = \$65,003.00 Excl. GST = 0.33FTE for a SOT)

<b>Section 6: Performance Data</b>
<b>Feedback from trainees:</b> <i>Please provide feedback received from trainees that have filled the training position during the project period.</i>
<b>Feedback from Supervisor of Trainee:</b> <i>Please provide feedback received from SOT that have filled the Supervisory role during the project period.</i>
<b>General Comments:</b> <i>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.</i>

<b>Section 6: Declaration</b>
-------------------------------

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 14 July 2019.**

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