



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

IRTP-STP Progress Report – Semester 1, 2021

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

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		
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 trainee	
Expense items / Activities	\$
Total provision of support to the trainee in Semester 1, 2021	\$
Please provide receipts as evidence supporting each item/activity	

Eligible Support Costs to the trainee 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.

Please note: Irrespective of provision of support to the trainee, the payment from CICM will not exceed the Maximum Funded Amount for the semester

Section 5: Performance Data

Feedback from trainee: *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:

Name:

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 by the 16 August 2021.

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

FOR CICM USE ONLY

Total Trainee FTE	
Salary Support Claim Total (GST Exclusive)	\$
Total Provision of Support to the Trainee (GST Exclusive)	\$
GST Total	\$
Invoice Total (GST Inclusive)	\$