



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

## Tasmanian Project Progress Report – Semester 1, 2021

Section 1: Post Details	
Tas Training Post #:	Tas Supervisory Post #:
Location / Site:	

Section 2: Person Completing the Report	
Prefix:	
First Name:	Surname
Title / Position:	
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		
Term Start Date		
Term End Date		
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	
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.

Section 5: Performance Data
<b>Feedback from trainees:</b> <i>Please provide feedback received from trainees that have filled the training position during the project period.</i>

**Feedback from Supervisor of Trainee:** *Please provide feedback received from SOT that have filled the Supervisory role 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](mailto:sumithra@cicm.org.au) by the 16 August 2021.**

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

**FOR CICM USE ONLY**

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>