Nursing & Allied Health Education and Training

Endorsement Form

Instructions:

1. This form is to be completed as part of the endorsement process for every education, training and development activity delivered by Nursing & Allied Health employees at RCH (insert link to details about committee and TOR)
2. Completed forms to be scanned and sent via email to ah-nursing@rch.org.au for review by the committee.
3. The Nursing & Allied Health Education & Training Committee will review the submitted form and confirm that the activity meets the objectives of education & training at RCH. However, if the activity requires moderation, adjustment or postponement as agreed by the committee, this is to be communicated to the facilitator of the activity within 4 weeks by Director, Nursing Education.

Education & Training Details			
Activity Title:			
Brief Description:			
Aims:			
Eligibility Criteria for attendance:			
Pre-Requisites			
Proposed Venue:	[please tick one] Onsite (RCH) Offsite [please specify]		
Proposed Dates:			
Enrolment Process:			
Attendee Numbers:		**Minimum:**	**Maximum:**
Criteria for Cancellation:	[e.g. minimum enrolment number not met]		
Other Comments			
Facilitator(s): Name(s) and/or position(s)			
Date Submitted		**Cost Centre:**	

Study Day Details	
Target Audience [please tick all that apply]	RCH employees only Campus partners (including RCH, MCRI & University of Melbourne) Other public hospital employees Private sector Consumer Other [please specify] _____
Is this training inter-professional?	No Yes [please specify] _____
Type of training	Mandatory (e.g. BLS, SMSL) Local service-specific (e.g. clinical modular program or skill day) Clinical and generic across RCH (e.g. pain, tracheostomy) Non-clinical generic, professional training (e.g. team building, legislation) Other [please specify] _____
Training frequency and hours	4-8 hours, one-off [please specify hours below] 4-8 hours, reoccurring [please specify hours below] 1 day (8 hours) one-off 1 day (8 hours) reoccurring Multiple days one-off [please specify hours/days] Multiple days reoccurring [please specify hours/days] Program in total hours: _____ Total days (8 hours each): _____

Proposed Budget

Please note that some onsite events may attract venue costs and other fees. Refer to HELP room booking information.
For sponsored training, please refer to RCH Policy & Procedure Manual Relationship between Health Practitioners & Industry

Item/s	Amount	Sponsor	Comments
Food			
Venue Costs			
Speakers			
Other [please specify] _____			
TOTAL AMOUNT		**COST CENTRE**	

Fees	
Will an attendance fee be charged?	No Yes [please specify details below]

Who will be charged, and what amount? [Please list all variable amounts]

OFFICE USE ONLY		
Date received:	**Committee month:**	**ID:**