



RESP Plus – Application Form

RESP Plus Application Form

The Program

In recognition of the long-term GPs in rural practice who have been undertaking RESP since its inception, the RDWA has partnered with Learn EM to develop an advanced version of RESP; RESP Plus.

RESP Plus will focus on complex areas of resuscitation and incorporate training in identified areas of emergency care such as neonatal resuscitation and sedation of the acutely agitated patient.

RESP Plus comprises two essential elements:

- pre-workshop on-line activities with strict deadlines; and
- an intensive two-day workshop of simulation-based learning in a team environment.

Participants will be assessed and issued a certificate of completion where all elements have been successfully completed. RDWA funds the full cost of each place where all elements are completed by the participant. Should a participant not complete the pre workshop activities or not attend the full period of the workshop, the GP will be responsible for payment of the cost of that place.

Cancellations can be accepted until 14 days before the workshop date.

In applying you will be acknowledging that RDWA and LearnEM collect, retain and exchange relevant personal information in delivering this course to you.

Eligibility criteria

You can apply for a position on a RESP course if you:

- are a GP who lives in a rural town in SA; and
- practise as a GP in a SA rural location; and
- are currently credentialed by Country Health SA LHN in the clinical domain of Emergency Medicine; and
- you are rostered on the local rural public hospital's emergency on-call service
- have successfully completed a RESP in the two years prior to your application.

If you are unsure of your eligibility, please contact RDWA's Andrea Brown or Louise Holley on 8234 8277.



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Please complete the form

Personal details

First name: _____ Last name: _____

Town/suburb in which you live _____ Postcode: _____

Email: _____ Phone: _____

Preferred method of contact (and time if applicable):

General Practice details

Practice name: _____

Practice address: _____

CHSALHN Credentials, please list month and year that current credentialing expires:

Month: _____ Year: _____

CHSALHN emergency service on-call, please list the rural public hospital you provide on-call services for and indicate how many nights per month on average you are rostered:

Hospital name: _____

Number of nights rostered per month: _____

In what year did you last attend RESP? _____

Indicate your preferences for workshop attendance:

<input type="checkbox"/>	25-26 March 2019	Adelaide
<input type="checkbox"/>	17-18 June 2019	Adelaide



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Terms and Conditions

I, the applicant whose details are set out in this Application Form, acknowledge, warrant and agree that:

- I have read and understood this Application Form, the RESP Plus Eligibility Criteria and all other information provided to me by RDWA in connection to RESP Plus;
- I am eligible to apply for a funded place on the RESP Plus in accordance with the terms of the Eligibility Criteria for the RESP Plus;
- RDWA will assess my application in accordance with its selection criteria and priorities (which may change from time to time) and may contact Country Health SA LHN to verify information submitted by me;
- RDWA is under no obligation to accept my application and may reject my application or accept my application subject to certain conditions;
- I understand that RESP Plus is provided by LearnEM, a company independent of RDWA, and acknowledge and consent to RDWA and LearnEM collecting, retaining and exchanging personal information related to my participation in the RESP Plus;
- If offered a RESP Plus place, I will complete all RESP Plus requirements (Program requirements) as specified by the RDWA and LearnEM;
- If offered a RESP Plus place, I understand that I am not eligible to apply for a RDWA CPD Subsidy to pay for travel or accommodation required to attend
- Should I not complete all Program requirements, I agree that I will pay the full program cost of \$2,000 upon invoice by RDWA; and
- The information I have provided in this Application Form is true and correct, complete, not misleading or deceptive and I have not omitted any information that would be material to the assessment of my application by RDWA.

Name _____ Signature _____

Date _____

Please print and sign this form, and return to RDWA by email to RESP@ruraldoc.com.au

Privacy

The RDWA uses personal information in delivering its services. The RDWA protects and respects the personal information it collects from people who use our services. We handle personal information in accordance with the [Australian Privacy Principles](#). The RDWA has procedures and guidelines to collect, use, store and disclose personal information. Please see the [RDWA Privacy Policy](#) for further information.