



# Rural Emergency Skills Program – Application Form

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## RESP Application Form

### The Program

RDWA's Rural Emergency Skills Program, delivered by Learn EM, aims to support the rural GPs who live in rural SA and provide SA's rural public hospital emergency services to maintain their emergency medicine skills. Successful completion of RESP allows GPs to apply for credentialing by Country Health SA LHN for the clinical domain of GP Emergency Medicine.

RESP comprises three essential elements:

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

Participants will be assessed and issued a certificate of completion where all elements have been completed successfully. RDWA funds the full cost of each place where all elements are completed by the participant. Should a participant not complete the pre and post workshop activities or not attend the full period of the workshop, the GP will be responsible for payment of the cost of that place - \$2,000.

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

RDWA is required to advise CHSALHN, as the funder of RESP, of participants who fail RESP's clinical requirements. LearnEM and RDWA collect, retain and exchange relevant personal information in delivering this course.

### 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, or are completing RESP to apply for credentialing in the clinical domain of Emergency Medicine; and
- you are or will be rostered on the local rural public hospital's emergency on-call service.

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



## RESP Application Form

Please complete the form clearly in CAPITAL LETTERS

### Personal details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Year of birth: \_\_\_\_\_ (retained for workforce planning purposes)

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: \_\_\_\_\_

Please fill in the following list with a 1 and 2 to indicate your 1<sup>st</sup> and 2<sup>nd</sup> preferences for workshop attendance:

<input type="checkbox"/>	1-2 February 2019	Adelaide
<input type="checkbox"/>	1-2 March 2019	Port Lincoln
<input type="checkbox"/>	28-29 June 2019	Adelaide



## RESP Application Form

### 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 Eligibility Criteria and all other information provided to me by RDWA in connection to RESP;
- I am eligible to apply for a funded place on the RESP in accordance with the terms of the Eligibility Criteria for the RESP;
- 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 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;
- I understand and consent to RDWA providing information related to the outcome of my participation in RESP to Country Health SA LHN;
- If offered a RESP place, I will complete all RESP requirements (Program requirements) as specified by the RDWA and LearnEM;
- If offered a RESP 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](mailto: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.