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| **Applicant Details** | |
| Full Name |  |
| APS Member Number |  |
| Profession and Qualifications |  |
| Residential Address |  |
| Email |  |
| Phone |  |
| Place of Work |  |
| Description of current pain service/research |  |
| Work Address |  |
| Position |  |
| Hours worked per week (average) |  |
| **Date of Application** | *(day/month/year)* |
| **Professional Connection Details** |  |
| Supervisor’s Full Name and Title |  |
| APS Member | *(Y/N)* |
| Supervisor’s Position |  |
| Clinic/Institution Name |  |
| Clinic/Institution Address |  |
| Dates (1 week duration) | *(From/to inclusive)* |
| Summary of proposed Professional Connection learning program (daily outline) | *(Day)*  *(Program Outline)* |
| **Outcomes and Benefits of Proposed Professional Connection** | |
| * *What do you plan to achieve on this Professional Connection visit?* * *What are the desired outcomes of the Professional Connection?* * *What skills do you plan to enhance?* * *How will you benefit professionally?* * *How will your current place of work benefit from your proposed Professional Connection?* * *How does this Professional Connection meet the APS Vision, Mission and Priorities?* |  |
| **Professional Connection Grant Budget (AUD, GST inclusive)** | |
| Travel (paid on receipts only):   * Airfares * Train/Bus/Ferry * Taxi * Distance for per km Car Allowance   Accommodation (paid on receipts only):   * Name * Number of nights   Per Diem Allowance (to cover food and incidental expenses – no receipts required):   * $75.00 per diem * Number of days |  |
| **Other information** |  |
| Please list any other information the APS Board may find useful in reviewing this application.  Please include the following letters of support with your application:   * Employer * Proposed Clinic/Institution of Connection |  |
| **Terms and Conditions** |  |
| 1. Supporting documentation required:    1. Employer letter of support for applicant    2. Proposed Pain Centre support for Professional Connection, including dates. 2. Funding:    1. Payment will be made by EFT after the Professional Connection has been completed.    2. Receipts must be provided for all expenses claimed, apart from the per diem allowance.    3. An APS approved expense claim form must be used to claim funds, please contact the APS Secretariat. 3. Report:    1. After the Professional Connection, the APS requires a 500-800 report (with images).    2. The report is to be suitable for both publication in the APS newsletter/blog and for the APS Board to evaluate the Professional Connection.   Acceptance of the Australian Pain Society Professional Connection Grant Terms and Conditions:  I acknowledge the Terms and Conditions of this Professional Connection Grant Application  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | |

**Please return to the APS Secretariat by email:** [**aps@apsoc.org.au**](mailto:aps@apsoc.org.au)

*Applications are NO guarantee of approval. Applicants will be notified by email of the outcome of their application.*

*Applications will be considered on their merits by the APS Board and must be congruent with the APS Vision, Mission and Priorities.*