# Early detection and assessment of child mental health difficulties: Emerging Minds workforce development training for general practice

## PART D: Application Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant name:** | | | | |
| **Name of practice:** | | | | |
| **ABN/ACN:** | | | | |
| **Address:** | | | | |
| **Applicant details:** | **Phone:** | **Email:** | | |
| **Practice manager details:** | **Phone:** | **Email:** | | |
| **Practice principal details:** | **Phone:** | **Email:** | | |
| **ASSESSMENT CRITERIA** | | | | |
| Mandatory criteria | | | **Please check the relevant box** |
| All practice staff participating as clinicians work in a clinical role with a scope of practice relevant to the training | | | Yes  No (Note: Applications will be disqualified if unable to meet this criterion) |
| A minimum of 3 clinical and 1 non-clinical staff will participate | | | Yes  No (Note: Applications will be disqualified if unable to meet this criterion) |
| All participating staff agree to complete all training components and evaluation activities | | | Yes  No – (Note: Applications will be disqualified if unable to meet this criterion) |
| Acknowledgement that all eligibility criteria must be met, and all training and evaluation activities completed to receive the practice payments | | | Yes  No – (Note: Applications will be disqualified if unable to meet this criterion) |
| Eligibility criteria  Note: Applicants should not exceed the prescribed word limit. Additional words will not be considered for evaluation. Applicants are not obliged to reach the word limit. | | | **WEIGHTING** | |
| 1. **The practice is located in Wyndham, Brimbank or Hume LGA**   **Applicant Response:**  **Yes/No**  **Which LGA:** | | | 5% | |
| 1. **Provide 100–200 words explaining why your practice would like to participate in this training.**   **Applicant response:** | | | 15% | |
| 1. **Provide 100–200 words describing how patients at your practice will benefit from staff undertaking this training.**   **Applicant response:** | | | 30% | |
| 1. **Provide 100–200 words describing an example of a whole-of-practice activity your practice has implemented in the past or that you are planning as a result of this training.**     **Applicant response:** | | | 30% | |
| 1. **In 100–200 words tell us how you intend to embed findings from this training into your day-to-day practice operations.**   **Applicant response:** | | | 20% | |
| **ADDITIONAL QUESTIONS** | | | **NON-WEIGHTED** | |
| **Please provide the names and roles of staff members you would like to nominate to participate in the training. We encourage all clinical staff to participate, and remind you we need a minimum of 3 clinicians. There is no limit to the number of non-clinical staff members who can participate.**  *Note: we acknowledge the current workforce issues in general practice and that this list may need to change. We ask that you provide as much information as possible to help us plan for your practice’s participation in the clinical and non-clinical training components. The project officer will confirm your participant list if your EOI is accepted.*  **Applicant response:** | | | - | |
| **The GP applicant is happy to be interviewed after completion of the training for promotional purposes. Please note this may include participation in photography/or videography with participant’s consent.**  **Applicant response** | | | - | |
| **Where you are aware of any actual, perceived or potential conflicts of interest in relation to this activity, please provide a detailed response to address the following points:**   1. **The particulars of the conflict(s) of interest; and** 2. **Details of the process and procedures used to manage or resolve conflicts of interest.**   **Applicant response:** | | | - | |
| **Please provide any additional information to support your application.**  **Applicant response:** | | | | |