



## Workplace Program Application Form

Application must be received by the closing date for the relevant WPL funding round.

### 1. Applicant to complete:

<b>Name</b>	
<b>Health Area</b>	<input type="checkbox"/> WACHS <input type="checkbox"/> NMHS <input type="checkbox"/> SMHS <input type="checkbox"/> WACHS <input type="checkbox"/> EMHS <input type="checkbox"/> Other (please specify)
<b>Job Title</b>	
<b>Professional discipline</b>	
<b>Job Location (site and service)</b>	
<b>Years working in health industry</b>	
<b>Years working in subacute care</b>	
<b>Contact email</b>	
<b>Contact phone number/ page</b>	
<b>Referee 1</b>	Name: Relationship to applicant: Contact email and phone:
<b>Referee 2</b>	Name: Relationship to applicant: Contact email and phone:
<b>I can confirm that:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I am currently working in a subacute care clinical role</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I have explored funding from own employer or other sources to support this opportunity.            Please specify what funding avenues you have looked at if applicable:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I am committed to working in WA Health for the next 12 months</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I am able to travel to / and attend the event, if applicable</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I have reviewed and understand fully the WLF terms and conditions and the requirements I must fulfil if I receive funding</i>
<b>Signature of applicant</b>	



## 2. Manager to complete

<b>Name</b>	
<b>Job Title</b>	
<b>Contact email</b>	
<b>Contact phone number/ page</b>	
<b>I can confirm that:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>The applicant is working in a subacute care clinical role</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I understand the applicant is committed to working in WA Health for at least the next 12 months (e.g. no extended leave booked/planned or anticipated resignation, retirement or secondment)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I confirm that the applicant can be supported to complete the learning activity/activities proposed (e.g. they / staff can be released from normal duties where required)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I have reviewed and understand fully the WLF terms and conditions and the requirements the applicant must fulfil during and after completion of the proposed activity.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>I agree to work collaboratively with TRACS WA to support the applicant to share their work and learnings in relevant forums for the next 12 months</i>
<b>Briefly state why you believe the applicant has the capacity to achieve program outcomes.</b>	
<b>Signature of Manager</b>	

Please return completed Application Forms to TRACS WA via  
Email at [tracsWA@health.wa.gov.au](mailto:tracsWA@health.wa.gov.au)



### 3. Selection Criteria

1. Please provide a brief description of the workplace learning activity (WLA) (max 200 words). Attach the program or a link to the program for conference or workshop based activities where relevant.

2. Please provide a brief justification for the proposed WLA. The justification should be based on evidence for best practice with examples/literature and should state why this learning opportunity is important for you/your team. Please provide specific detail about **how the learning activity will address the service gap** and the expected impact to your service/ clinical practice or patient care outcomes (max 250 words).



3. Please state the learning objectives related to the WLA. These must be specific, measurable and timelinked.

4. Please provide an overview of how you plan to evaluate the outcome of your proposed WLA (what you will measure). This should include a comprehensive evaluation plan of the impact on the identified service gap in the short-term (eg. 3 months), and any sustained improvement/change expected (which will be included in the 12 month report). You need to consider how these data will be used and disseminated. A template for the 12 month report will be provided.

5. Please attach a clear and detailed budget including all items relevant to support the WLA and how all funds will be spent. Provide quotations where relevant and describe how any potential gap in funding will be covered.

\*Note total WLF amount is capped at \$5,000 (incl. GST)