



TRACS WA Subacute Care Workplace Learning Fund (WLF) Grant Agreement

WLF Grant Recipient's Name and Role:

Name and Reference Number of Workplace Learning Funded Project:

Grant Amount:

Final Workplace Learning Report due by:

I (full name and role) _____, with the support of my Service Manager

(full name and role) _____ agree to:

1. Use funds allocated from the WLF only for the purposes set out above or renegotiate terms with the Unit Coordinator without delay should the agreed purposes not be attainable.
2. Pay agreed costs upfront from service budget and submit a request for reimbursement within the time frame specified in the application process.
3. Provide TRACS WA with a written report within twelve months of receipt of funding workplace learning activity.
4. Material/s developed for the funded activity or obtained through the funded activity will be made available to TRACS WA and may be used for sharing across the subacute care community.
5. Contribute to WA Health subacute care for a minimum of six months after completion of the funded activity by sharing the knowledge gained with the WA Health subacute care community e.g. through TRACS WA supported skills exchange programs, participation in relevant Community of Practice meetings, and/or presentation at TRACS WA training events.
6. Ensure TRACS WA is identified as the funding agency for all 'publications' related to this project.
7. The TRACS WA Steering Committee reserving the right to cancel this Agreement and seek restitution of monies paid should the conditions of the Agreement be breached.

Signed: _____
(Applicant)

Date: _____

Signed: _____
(TRACS WA Unit Coordinator)

Date: _____