

Advanced Specialised Training Project Proposal

Purpose

This form is to seek prior approval for an Advanced Specialised Training (AST) project and academic supervisor. Information on AST project requirements are found in the [Fellowship Assessment Handbook](#).

Instructions

Section 1 is completed by registrar

Section 2 is completed by academic supervisor

Section 3 is completed by registrar and academic supervisor

The completed project proposal is uploaded with [AST project enrolment](#)

Section 1

Details (Registrar to complete)

Registrar name	
Training pathway	<input type="checkbox"/> IP <input type="checkbox"/> RGTS <input type="checkbox"/> RVTS <input type="checkbox"/> AGPT RTO name
AST discipline	<input type="checkbox"/> Aboriginal & Torres Strait Islander Health <input type="checkbox"/> Academic Practice <input type="checkbox"/> Population Health <input type="checkbox"/> Remote Medicine
Project title	
Type of Project	<input type="checkbox"/> Research <input type="checkbox"/> Development of practical resource <input type="checkbox"/> Local disease prevention or Health Promotion <input type="checkbox"/> Other – please specify
Date proposal submitted	

Background

Outline what your project is and how it came to be. Why is the project important?



Is this project being undertaken by you alone? Yes No

If you answered No, describe who is involved and what your contribution is to the project.

Outline where are you working or plan to work and how the project is going to benefit the community.

References

List any references used in your proposal.

Project aims and benefits

What questions would you like to answer, or problems to solve?

What are the benefits to rural generalist practice?

How does the project/ research relate to the AST curriculum?

Methodology

What methodologies are you considering and what are advantages and disadvantages of these?

Ethical considerations

What are the ethical issues you anticipate with your project and what measures will you put in place to address these issues?

Project timeline

Provide a project timeline, that demonstrates completion of the project within 12 months of AST project enrolment date.

Activity	Date to be completed by
Literature review	
Ethics approval	
Collect data/create resource etc	
Analyse data/evaluate project	
Write up	
Submit for grading	

Approvals granted

Provide information on relevant approvals to be obtained or have been obtained, for example employer.

If project relates to Aboriginal or Torres Strait Islander health describe the measures you have taken to engage with the community, Elders, local Aboriginal Medical Service, or other groups in your project area. *Include a letter of support received for your project.*

Ethics

It is required to gain ethics approval or have written advice from the Censor-in-Chief that approval is not required.

Name of Ethics committee

Status of ethics approval

- Approved
 Application submitted
 Not yet submitted
 I am seeking an exemption

If seeking an exemption, please state why ethics approval is not required

If you have ethics approval, please submit with this report. If not approved yet must be submitted when approved.

Implementation/dissemination

How will the learnings from the project be implemented or disseminated? Include plans for publication, conference presentation, community talk, new programs etc.

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Section 2

Academic supervisor (Supervisor to complete)

Name	
Experience (<i>relevant to academic supervisor role</i>)	
Qualifications	
Employer	
Phone	
Email	

Meetings with the registrar

Record the dates or timeframes that you plan to meet with the registrar and how (face to face, via phone or email), include meeting already held.

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Feedback

What feedback has been given to the registrar on their project proposal?

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Section 3

Declarations (Registrar and supervisor to complete)

We declare that

- This report is a true and accurate account
- We discussed this report
- We have read the [College's Privacy Policy](#) and agree to these terms and conditions

Registrar name	
Contact number	
Suitable contact time	

Supervisor name	
Contact number	
Suitable contact time	