



## Tasmanian Allied Health Professional Advancement Committee

### Allied Health Awards 2013

## Application Form

(to be submitted to [tahpac@gmail.com](mailto:tahpac@gmail.com) )

### Required information:

Project category: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project commencement/implementation date: \_\_\_\_\_

Current stage of project:

- Completed/implemented:
- In progress:

Submitted by: \_\_\_\_\_ Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Service Facility: \_\_\_\_\_

Is this facility:

Govt:

Private:

NGO:

Profession of Lead Clinician: \_\_\_\_\_

Is the submission from:

• Sole Practitioner:	• Team/Group:
• Department:	• Agency:

Nominated contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Project Outline:

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Project Objectives:

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Project Outcomes:

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Project Outputs:

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How does your application support the requirements of the category?

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How will/is/was the success of your project measured?

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Key stakeholders for the Project:

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Additional information in support of your application:

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If successful, how will the prize money be used? (NB: the funding is for CPD only. It cannot be used for equipment, infrastructure, etc)

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## Confidentiality Terms of Agreement

TAHPAC reserves the right to publish details of award winners and related project information. Information may be published on public website(s) for a period of time.

Please read and sign below if you agree to the confidentiality terms of agreement.

“I have read and understand the terms and conditions of the TAHPAC Allied Health Award 2012”

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Form to be submitted to: [tahpac@gmail.com](mailto:tahpac@gmail.com)**

**Deadline for application:**

Applications close on Friday 20th **September 2013**.

