# Application for Spirometry Training Funding for Urban Whangarei Practices

**Application submitted by: (person)**

**Application supported by: (practice manager/supervisor)**

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All applications must include measurable outcomes that will support answering the question: *‘Does this application clearly demonstrate an idea that could lead to improved and sustainable primary healthcare in Northland’.*

## Brief description of application

Please supply as much information as you can to enable the education panel to assess your application.

|  |  |
| --- | --- |
| Description of the training  |  |
| Which focus area/areas does your application address? |  |
| Does your application align with the principles of Te Tiriti o Waitangi? (Please indicate Yes/No and provide supporting comment). |  |
| If not covered above, please explain how your application addresses rural health service demand |  |
| What are the outcome measures that will demonstrate success of the training? |  |
| Please provide additional information that would be useful for the review panel |  |
| Have you applied for other funding? Was the application funding successful and why are you applying for this funding? |  |
| Total Funding requested |  |

## Breakdown of funding allocation

|  |  |  |
| --- | --- | --- |
| **Item Claimable** | **Comments/criteria** | **Amount $** |
| Course fees/training costs | Invoice or receipts to be provided as part of reporting/claim.The aim is to distribute funds broadly and equitably  |  |
| Backfill to support nurse release time | Reimbursement costs only please provide relevant information and evidence |  |
| Reasonable travel and accommodation costs to attend training/conference | Up to $50 per day towards meals when staying away overnight.Accommodation for person undertaking the course only – receipts to be provided. |  |
| Mileage to attend conferences/training – claimable if a company vehicle is not available and training is outside of your usual working area | IRD standard Tier 1 rates apply. Distance from usual place of business to destination (and return). Please state your calculations clearly.<https://www.taxtechnical.ird.govt.nz/operational-statements/2022/os-19-04-km-2022>  |  |
| Total requested |  |  |

## Authorisation

|  |
| --- |
| **Information provided by practice manager or supervisor** |
|  |  |
| Signed by practice manager or supervisor | X |
| Date | X |
| **Information provided by applicant** | * I agree to provide receipts
* I agree to submit a copy of my certificate when I get it & confirmation when course is completed.
 |
| Signed by applicant | X |
| Date | X |