

**Royal Australasian College of Medical Administrators
(RACMA)**

**Specialist Training Program (STP)
Training More Specialist Doctors in Tasmania (The Tasmanian Project)
Final Report - end of Agreement period 2022-2025**

Training Provider Name: <i>Legal entity name – eg Ramsay Healthcare Australia</i>	
Training Facility Name: <i>eg Greenslopes Private Hospital</i>	

HOW TO COMPLETE THIS REPORT:

- PART 1** Please answer questions regarding the impact that STP funding has had on the health setting. This section should be completed by the **Trainee’s Supervisor**.

- PART 2** Please indicate whether an Income and Expenditure Statement is being provided as an attachment to this Report, or at a later date.

- PART 3** Please provide details regarding FTE and evidence of expenditure.

- PART 4** Declaration and signature - this section should be completed by **either the STP Liaison Officer or the Trainee’s Supervisor**.

- PART 5** Final Report Certificate – this section should be completed by **a person authorised to execute legal documents**.

PART 1

FUNDED SETTING EVALUATION

Please provide details regarding the activities undertaken with your setting's STP funding.

<p>1.1 How did the activities undertaken meet the aims and objectives of the STP Program? (Please refer to page 4 of the STP Operational Framework for information on the Program aims and objectives)</p>	
<p>1.2 How has STP funding enhanced specialist training capabilities in your facility?</p>	
<p>1.3 What impact (if any) did the funded activities have on health service delivery?</p>	

PART 2

INCOME AND EXPENDITURE STATEMENT

<p>2.1 Please indicate whether an Income and Expenditure Statement is included as an attachment to this Report or will be provided later.</p>	<p><input type="checkbox"/> An Income and Expenditure Statement for the Agreement Period (2022-2025) is included with this Report.</p> <p>OR</p> <p><input type="checkbox"/> An Income and Expenditure Statement for the Agreement Period (2022-2025) will be provided within 2 weeks of the final payment being made under the Funding Agreement.</p>
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PART 3 CONFIRMATION OF DETAILS

Please confirm the following details:

3.1 Has the FTE for the STP funded position has remained unchanged from the Funding Agreement unless otherwise advised to RACMA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2 Can evidence of expenditure on funded activity be provided if requested by RACMA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'No' to any of the above, please provide details below:		

PART 4 DECLARATION

I declare the information provided in this Report is true and correct at time of submission:

Signed by (Print Name)	
Position:	
Signature	
Date	

PART 5
FINAL REPORT CERTIFICATE (End of Program)

Specialist Training Program (STP)
The Tasmanian Project

RACMA FINAL REPORT (END OF PROGRAM)
CERTIFICATE

This must be signed by the Chief Executive Officer or Chief Financial Officer of **[Insert Name of Training Provider] (Grantee)**, or a person authorised by the Grantee to execute documents and legally bind it by their execution.

I, certify that:

1. the Funding and any other contributions received by the Recipient from the Royal Australasian College of Medical Administrators (**RACMA**) under the funding agreement between the Recipient and RACMA in respect of the Specialist Training Program dated **[Insert Date] (STP Secondary Funding Agreement)** were spent for the purpose of the Activity and in accordance with the Agreement, and that the Recipient has complied with the Agreement;
2. salaries and allowances paid to persons involved in the Program are in accordance with any applicable award or agreement in force under any relevant law on industrial or workplace relations;
3. no event which would entitle RACMA to terminate the Agreement or require repayment of any Funding has occurred other than as may have been disclosed to RACMA in the Report or otherwise under the Agreement; and
4. at the time the Final Report is provided to RACMA, the Recipient is able to pay all its debts as and when they fall due.

Signed:

Position:

Recipient:

Date: