**Medical RiSC Application Package 2020**

**RiSC learning needs**

**Please treat this information and brief survey as important as it will help us deliver the best possible course for your needs**

**Introduction and Requirements**

This course is a little different to ones you may have encountered before. Firstly, we trust that as qualified medical and nursing practitioners you already have the basic knowledge you need to manage your patients. It is a prerequisite for the course that you are familiar with these resuscitation and emergency medical care concepts and have completed a full CORE Advanced course or equivalent previously.

The emphasis of RiSC is the application of knowledge to practice. Hence we will not be lecturing you in a conventional sense, and we trust that you and your colleagues will revise the course manual before the course. Instead we will concentrate on performing the practical aspects of skills, teamwork, communication, and delivering the best patient care possible.

**Your Learning Objectives**

What are the things that keep your team up at night? Please tell us the top 3 themes, procedures, or scenarios that you think your rural team will benefit from covering in the RiSC course.

1.

2.

3.

4.

5.

**Your Rural Hospital**

In order for us to give you a high-fidelity experience please give us the following information that describes your rural hospital situation

1. Name of your rural hospital
2. Emergency Department facilities (beds / resus rooms)
3. Emergency staffing (Staff on-duty/Call-back)
4. Laboratory facilities (bedside vs laboratory/on-call or 24h)
5. Radiology facilities (USS/X-ray on-call or 24h/ CT)
6. Retrieval network (Base ICU/Retrieval service/Video link)
7. Other details you think are relevant

**RiSC Participant Details Spreadsheet**

**Please provide complete information for all participants**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant** | **First Name** | **Last name** | **Role**  **(Nurse / Doc / NP)** | **Work location** | **Email address** | **Dietary requirements** |
| **1:** |  |  |  |  |  |  |
| **2:** |  |  |  |  |  |  |
| **3:** |  |  |  |  |  |  |
| **4:** |  |  |  |  |  |  |
| **5:** |  |  |  |  |  |  |

**RiSC Application Invoice Details**

**Incomplete details and/or inaccurate invoicing details will lead to delay in confirmation of your team’s registration. Please contact us if you are unsure about any of the above**

The University of Otago has strict rules around the issuing of invoice. The University can split the full costs among the various different participants in the team or we can invoice an organisation (eg DHB) or any combination of these 2 as long as the total adds up to the full cost of the course.

**All individual invoices over $5000.00 will require a personal debtor number (the form will be emailed when RiSC application is received). Please state on application if you will be using a credit card as credit card fees will need to be added to the invoice.**

The 2 ways for us to issue invoices are:

1. Invoicing your hospital or DHB with the following information – ***Please complete in full***

|  |  |
| --- | --- |
| 1 | Official Organisation Name: |
| 2 | Official Organisation Address:  Phone number:  Email address: |
| 3 | Invoice Description  *Eg.* ***Rural Inter-professional Simulation Course registration*** |
| 4 | Cost in NZD $  *Eg. $3333 + GST* |
| 5 | Ask your manager for a **purchase order no** for **each** organizational invoice to be generated |
| 6 | Contact person details (Name and contact details) |

Invoicing the individuals of the team – ***Please complete in full***

For each person to be invoiced, please indicate the amount for that person.

Make sure a **physical personal address** for each person is provided. **Work address or PO Box address will not be accepted for the generation of invoice.**

2)

|  |  |  |
| --- | --- | --- |
| 1. | Name: | $ |
| Address:  Email: Phone: | |
| 2. | Name: | $ |
| Address:  Email: Phone: | |
| 3. | Name: | $ |
| Address:  Email: Phone: | |
| 4. | Name: | $ |
| Address:  Email: Phone: | |
| 5. | Name: | $ |
| Address:  Email: Phone: | |

**RiSC Application Checklist**

**Confirmation of registration is only given once this checklist is completed.**

**Incomplete details or inaccurate invoicing details will lead to delay in confirmation of your team’s registration. We reserve the rights to allocate your spot to other hospitals if these are not completed.**

* Read the Introduction and Requirements
* Complete all sections of the RiSC Learning needs form
* Complete the RiSC Participant Details table
* Complete the RiSC application Invoice Details in full
* Email the completed package back to tracey.reid@cohealth.co.nz