Intercampus Collaborative Teaching Initiative  
Otago Medical School

Application Form for funding to support Intercampus Collaborative Teaching Initiatives
This funding is to assist with the development and/or introduction of collaborative teaching and learning for the MB ChB among or within departments in the Otago Medical School, ie School of Biomedical Sciences, Dunedin School of Medicine, University of Otago Wellington and University of Otago Christchurch. Applications may be for A) Meetings, B) Developing a resource or C) Delivering a resource. Other initiatives will also be considered – use this form as a base for your application. Note- some applications may include more than one application type.

Name of Applicant:

Department:

Application Type A: Travel and related costs for a meeting(s)

Date of Meeting: (If a specific date has not been set please approximate)

Venue of Meeting: (Please state the Department & School)

Purpose of Meeting: (Please briefly advise the purpose and anticipated outcomes of the meeting)

Attendees of meeting: (Please list the staff and their department(s) and indicate who will be travelling)

Funding Requested: (Note airfares should be arranged well in advance where possible to achieve best prices)

Date when report of meeting can be expected:
<table>
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<tr>
<th><strong>Application Type B: Developing a resource (eg e-learning project)</strong></th>
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<td><strong>Who will be involved:</strong></td>
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<td><strong>What is the resource:</strong></td>
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<td><strong>What is the timeframe:</strong></td>
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<td><strong>How does the resource contribute to collaborative teaching and learning:</strong></td>
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<td><strong>Which departments/modules/users will benefit from/use the resource:</strong></td>
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<td><strong>Funding Requested:</strong> <em>(Please provide as much detail as possible. Provide a separate budget document if necessary):</em></td>
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Application Type C: Delivering a cross-campus resource (including trialling/piloting a resource)

Who will be involved:

What is the resource:

What is the timeframe:

Which departments/modules/users will benefit from/use the resource:

How does the resource contribute to collaborative teaching and learning:

Funding Requested: (Please provide as much detail as possible):

Reporting Criteria

The report, following your meeting or resource development will need to be a one to two page executive summary to include:

a. How you propose to achieve the development and/or introduction of collaborative teaching and learning for the MB ChB among or within departments in the Otago Medical School, ie School of Biomedical Sciences, Dunedin School of Medicine, University of Otago Wellington and University of Otago Christchurch which may include ELM and RMIP

b. Relevant Core Presentations (CPs), Core Professional Activities (CPAs) and/or Core Conditions (CCs) - references in Curriculum Map – and consultation with MaryLeigh Moore

c. If involving e-Learning some detail and evidence of discussions with eLearning staff (eLearningFacilitators etc)

d. List of action points, timeline(s) and responsible person(s)

e. Any issues which require advice, comment or input from the MB ChB Curriculum Committee (MCC), MB ChB Programme Director and/or Manager OMS

f. Identified resource requirements or barriers which need to be drawn to the attention of the MB ChB Programme Director and/or Manager OMS.
___________________________________________ Date:
Applicant’s Signature

___________________________________________ Date:
HOD/Deans Signature

email or post completed form to bruce.smith@otago.ac.nz

___________________________________________ Date:
APPROVED/ DECLINED

Professor Tim Wilkinson Date:
MB ChB Programme Director

___________________________________________ Date:
Mr Bruce Smith
Manager Otago Medical School

ICTIA Form version date October 2018