

ITP Round 10 Application Form

Form Preview

Instructions for Applicants

* indicates a required field

This Innovator Training Program (ITP) application requires information about you, the problem or challenge, or opportunity you have identified, and the type of support your organisation is able to provide.

All discussions including problem and solution development during the Innovator Training Program must be on a **non-confidential** basis.

ARIIA and Flinders University **do not warrant** that any information collected as part of the application process or disclosed during conduct of the Innovator Training Program will be held in confidence, with the exception of personal information which will be collected and held in accordance with the Flinders University [Privacy Policy](#).

By completing and submitting your application you consent to the collection and processing of the information as per the above Privacy Policy.

Please confirm that you have read and understand the above before proceeding: *

☐ Yes

Please confirm that you are applying for Round 10 of the Innovator Training Program (ITP) commencing in June 2024: *

☐ Yes

Applications for future rounds will open as per the ARIIA website: <https://www.ariia.org.au/programs/innovator-training-program/key-dates-how-to-apply>.

Please read and complete this application with reference to the accompanying Innovator Training Program Guidelines.

Applications must be lodged by 5.00 pm ACST on Friday, 17th May 2024. Training will commence within 3 to 6 weeks of the close of the round and is dependent on the delivery model that you are allocated to.

NAVIGATING (MOVING THROUGH) THE APPLICATION FORM

You may begin anywhere in this application form.

On every screen (page of the form) you will find a Form Navigation contents box, this links directly to every page of the application. Click the link to jump directly to the page you want.

You can also click 'next page' or 'previous page' on the top or bottom of each page to move forward or backward through the application.

If you need more technical help using the online form, download the [Help Guide for Applicants](#) or check out via SmartyGrants.

SPELL CHECK

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Most internet browsers (including Firefox v2.0 and above; Safari; and Google Chrome) have spell checking facilities built in – you can switch this function on or off by adjusting your browser settings.

FILE SIZE

Files can be up to 25MB each; however, we do recommend trying to keep files to a maximum of 5MB – the larger the file, the longer the upload time.

SAVING YOUR DRAFT APPLICATION

Please save as you go!

If you wish to leave a partially completed application, press 'save and close' and log out. When you log back in and click on the '**My Submissions**' link at the top of the screen, you will find a list of any applications you have started or submitted. You can reopen your draft application and start where you left off.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download PDF' button located at the bottom of the last page of the application form.

SUBMITTING A CERTIFIED APPLICATION

Before you submit your final application it will need to be signed by you (the Applicant), your Organisation Sponsor and the Organisation Authorised representative.

To submit a signed completed application:

- Go to "review and submit" page, to review your application to ensure all information has been provided and you are satisfied with all your responses.
- Ensure you save your final version.
- Download a PDF of the final application.
- Print out or forward the PDF to all parties to get signatures.
 - In your final application, there is a declaration section that must be signed by you (the applicant), the Organisation Sponsor and Organisation Authorised representative. This declaration can be signed electronically or in hardcopy.
- Ensure all signatures are added to the one completed application form. Log back into flindersuniversity.smartygrants.com.au/ and go to "My Submissions" to access this application again.
- Go to the "signature and certification" page of the application
- Upload the signed, final application form into the "application upload" area.
- Select the submit button to submit the application.
- If you do not receive a confirmation of submission email, then you should presume that your submission has NOT been received.

Hint: check the email hasn't landed in your spam or junk email folder.

Preferred Delivery Schedule

The ITP offers a flexible range of program and schedule options to suit the varied needs of staffing availability and organisation requirements in the aged care sector.

In March 2023, ARIIA's national survey identified three themes of most importance to the aged care sector. In response to this, ARIIA will be offering the option of a Themed ITP in Round 10 for projects fitting the theme of **Innovative approaches to retain aged care workers**.

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The overall time commitment is the equivalent of three weeks full time, and each delivery schedule is comprised of the same module and workshop content, with the same commitment from Facilitators, but structured in different ways.

Please select your first preference: *

- ☐ 6-week themed program (Innovative approaches to retain aged care workers) commencing 24 June 2024
- ☐ 10-week program commencing 10 June 2024
- ☐ 5-week program commencing 17 June 2024
- ☐ 3-week program commencing 10 June 2024
- ☐ Tailored program - to be negotiated

Please refer to the ITP Guidelines for further information. If you choose the tailored program, we will contact you to discuss how we can tailor the ITP to your organisation

Please select your second preference: *

- ☐ 5-week program commencing 17 June 2024
- ☐ 3-week program commencing 10 June 2024
- ☐ I do not have a second preference

Please refer to the ITP Guidelines for further information

Please select your second preference: *

- ☐ 10-week program commencing 10 June 2024
- ☐ 5-week program commencing 17 June 2024
- ☐ I do not have a second preference

Please select your second preference: *

- ☐ 10-week program commencing 10 June 2024
- ☐ 3-week program commencing 10 June 2024
- ☐ I do not have a second preference

Please select your second preference:

- ☐ 10-week program commencing 10 June 2024
- ☐ 5-week program commencing 17 June 2024
- ☐ 3-week program commencing 10 June 2024
- ☐ I do not have a second preference

Contact Details

* indicates a required field

Innovator Training Program applicant

Applicant *

First Name

Last Name

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Preferred Pronoun

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Aged Care Organisation (Employer of the applicant)

Aged Care Organisation name *

Organisation Name

Aged Care Organisation Primary Address *

Address

Aged Care Organisation Primary Phone Number *

Must be an Australian phone number.

Aged Care Organisation Contact (Authorised representative of the organisation)

Aged Care Organisation Contact *

First Name

Last Name

Aged Care Organisation Contact Position *

Aged Care Organisation Contact Primary Phone Number *

Must be an Australian phone number.

Aged Care Organisation Contact Primary Email *

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Must be an email address.

Sponsor

Sponsor *

First Name

Last Name

Relationship of sponsor to applicant: *

Sponsor Primary Phone Number *

Must be an Australian phone number.

Sponsor Primary Email *

Must be an email address.

Topic Information

* indicates a required field

Please select all responses that apply

Project Title

Please input a draft project title

Topic this application relates to

- ☐ Dementia care
- ☐ Restorative care, reablement and rehabilitation
- ☐ Social isolation
- ☐ Mental health & wellbeing
- ☐ Palliative care & end of life
- ☐ Meaningful lifestyle activities
- ☐ Staff burnout
- ☐ Technology in Aged Care
- ☐ Clinical governance
- ☐ Urgent and critical need

Please provide rationale as to why the problem is urgent and critical: *

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Please select all responses that apply

Please identify what aspect of the priority topic identified above this application relates to: *

- ☐ Implementation of evidence for internal work processes
- ☐ Implementation of evidence to improve service delivery models
- ☐ Implementation of evidence for clinical activities
- ☐ Other:

What is the problem or challenge you want to solve in your workplace? *

Word count:

Describe the problem, challenge or opportunity, its significance and the expected outcomes in no more than 200 words.

Please provide further description: *

Word count:

Must be no more than 100 words.

Will the employing organisation be requesting salary contribution for some of the Applicant's time committed to the training program, should this application be successful? *

- ☐ Yes
- ☐ No

About the applicant

* indicates a required field

Please describe your role in aged care: *

What length of time have you spent working in/with aged care? *

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What length of time have you spent working with your current employer? *

Please list relevant training/qualifications completed:

Training/Qualifications	Provider	Date completed
		Must be a date.

So that we can best determine how we can support your needs in training delivery please provide some information about you.

Please describe your cultural background: *

Please list any languages other than English that you speak/read:

Please state your country of birth: *

Please describe any support we can provide to assist with accessibility needs:

Please note, participants may be required to install third party apps onto their devices for the purpose of accessing the program content.

Training delivery

*** indicates a required field**

Do you have access to a computer and internet in your workplace and a quiet workspace to complete this program? *

- ☐ Yes
☐ No

What alternative plan do you have to access resources to enable your participation in the program? *

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Confidence ratings

Please consider the following questions and rate your responses from 1-10
(1 - not confident, 10 - very confident)

How confident are you to complete online training? * How confident are you to participate in virtual meetings? *
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Organisation sponsor information

* indicates a required field

Please indicate the care setting where your project will be located

☐ Residential Aged Care ☐ Community Aged Care
Other

Please select all that apply

Please indicate the geographical setting where your project will be located

☐ Metropolitan ☐ Rural ☐ Remote
Other

Please select all that apply

Please indicate all types of staff impacted by your project

☐ Direct Care (e.g. Nursing, Care Staff)
☐ Allied Health (e.g. Physiotherapists, Occupational Therapists)
☐ Administrative (e.g. Management, Admin)
☐ Non-Clinical (e.g. Catering, Cleaning)
☐ Lifestyle
☐ Other:

Please select all that apply

Please describe the older people to whom you provide services that you expect will benefit from the project: *

Word count:

Must be no more than 100 words.

eg: care needs, diversity, any other information that is relevant to this application.

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Does your organisation provide targeted aged care service to Aboriginal and/or Torres Strait Islander peoples? *

- ☐ Yes
☐ No

Will this project include those services? *

- ☐ Yes
☐ No

Please briefly describe the outcome from this training that you expect from an organisational perspective: *

Must be no more than 100 words.

Is your organisation willing to release you to commit time to the program? *

- ☐ Yes
☐ No

Do you have any existing partnerships or other organisations that will support the applicant during the Innovator Training Program? *

- ☐ Yes
☐ No

eg: product provider, research organisation, government department

Please list the partners or organisations

If so, please list them here

If Yes, please outline briefly:

Signature and Certification

* indicates a required field

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Certification of aged care organisation

- The organisation agrees to support and release the applicant to complete three weeks full-time equivalent training. The specific schedule is based on the delivery model that the applicant is offered in line with their preferences.
- The organisation agrees that the applicant will not, as a direct result of his/her involvement with this program, be disadvantaged in terms of remuneration during the training program.
- The organisation agrees to support the sponsor of the project to meet as required with the applicant during the training program. The organisation commits to submitting a training report to the Centre within four weeks of ITP completion.

Sponsor name *

Sponsor Signature

Aged Care Organisation Contact Name (Authorised representative of the organisation) *

Aged Care Organisation Contact Signature (Authorised representative of the organisation)

Certification of the Innovator Training Program applicant

- I will comply with the conditions relating to the completion of the training modules as set out in the Innovator Training Program Guidelines.
- I agree to complete all modules over the allocated training program period.
- I commit to meeting with my sponsor as required over the allocated training period.
- I commit to submitting a training report to the Centre within four weeks of completing the training program.

Innovator Training Program applicant name *

Innovator Training Program applicant signature

Application upload

Signed completed application *

Attach a file: