

ANNEXURE D
EXPANDED SPECIALIST TRAINING PROGRAM (ESTP)
FINAL REPORT

This Report relates to ESTP Application No. _____

PART A - TRAINING POSITION INFORMATION

| | |
|---|--|
| Name of expanded setting(s) | |
| FTE spent in the expanded setting(s) by trainee(s) (if more than one expanded setting specify FTE in each setting) | |
| Discipline/ sub-specialty | |

PART B - TRAINEE INFORMATION

Please provide the information requested below for each trainee that has occupied this training position from 1 July 2009 to the end of the Project Period.

| | |
|--|---|
| Trainee Name (if consent has been provided) | |
| Medicare Provider No. (if applicable and consent has been provided) | |
| Discipline/ sub-specialty | |
| Year/level of specialty training of the trainee | |
| Name of primary employer | |
| Did the trainee have appropriate medical indemnity insurance coverage while in the expanded setting(s) | Please circle: YES NO |
| Date the trainee commenced in the training position | |
| Date of the trainee ceased in the training position | |

If not previously provided, please attach a copy of the completed **Privacy Notice and Consent Form** (Annexure A to the Funding Agreement) for each trainee that has occupied this position during the Project Period.

PART C – FINANCIAL INFORMATION

Please provide of payments actually made for the following in relation to the training position for the period from the beginning of the Project Period until 26 February 2010.

| | |
|--------------------------|----|
| Base salary | \$ |
| Superannuation | \$ |
| Professional development | \$ |

If ancillary funding has been allocated by the Commonwealth for this position:

Travel, accommodation and associated expenses (provide detail) \$

Other expenses related to the training position which have not been funded by the Commonwealth ESTP allocation (provide detail) \$

PART D – GENERAL COMMENTS

Please provide any additional comments or information you consider to be of note e.g. comments on the effectiveness/success of the training position, any obstacles or impediments that have been experienced, feedback received from trainees that have filled the training position during the Project Period.