Please complete and return this document to Occupational Therapy Australia: info@otaus.com.au

These forms help us to ensure; the content of our CPD events are of a high standard as well as the development of accurate online advertising material in advance ensuring members and non-members have ample opportunity to register for the event, while also ensuring that your provider contract can be developed in a timely manner.

Thank you, the CPD team

**Learning & Development Session EOI / Overview**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE (of EOI lodgment)** |  | **Ref #** | OTA STAFF |
| **EVENT TITLE** |  |
| **AREA/ DOMAIN OF PRACTICE** |  |
| **Presenter 1Name/ Phone/ Email** |  |
| **Presenter 2****Name/ Phone/ Email** |  |
| **Presenter 3****Name/ Phone/ Email** |  |
| **CPD offer category** | [ ]  Evidence-based assessment/ intervention [ ]  Emerging practice area [ ]  Clinical practice / framework application[ ]  Information Update (policy, program, guidelines)[ ]  Suitable only for (*e.g., new graduates*)   |
| **Type of Event** | [ ]  Single session (how many hours?)[ ]  Webinar (info session with Q&A segment)[ ]  Webinar series (how many?)[ ]  Interactive online workshop?[ ]  In person (max people?)[ ]  Recording only |
| **Preferred Delivery**Time Frames and Dates |  |
| **Workshop’ Description** 1. Goals of participation
2. Rational / theory base underpinning the session
3. Materials being used *(750 words)*
 |  |
| **Session Outline**Step by step learning outline – topic flow, timings, engagement tools deployed |  |
| **‘Handouts / Workbooks** Please describe resources and use in session |  |
| **Target Audience:**1. level of experience
2. practice context / where applicable

(*300 words*) |  |
| **Learning \*outcomes / competencies addressed -** Include occupational focus(*300 words*) |  |
| **Key references**Please ensure you provide directly relevant links for evidence- based literature / policy / guidelines (4*00 words*) |  |
| **Declaration of copyrights for provided content**  | [ ]  whole of intellectual property rights [ ]  partial intellectual property rights Please comment: |
| **Additional Comments***(250 words - max)* |  |

**Primary Presenter Background**

|  |  |
| --- | --- |
| **Clinical / research & presentation experience relative to this activity** *(min 400 words)* |  |
| **Years of post-qualifying experience relevant to course** |  |
| **Has the presenter presented this workshop/seminar before?**  | [ ]  No? [ ]  Yes - for what audience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has the presenter ever presented with OTA?** | [ ]  No? [ ]  Yes?Topic/ time frame(s):  |
| **\*Insurance Confirmation** | Professional Indemnity Insurance – current value: [ ]  10 million [ ]  20 million [ ]  other value \_\_\_\_\_\_\_\_\_ [ ]  N/A |
| **Registration / licenses***(Any prerequisites of relevance to this topic – for either presenters or required by participants?)* |  |

\*OTA encourages presenters to ensure they have sufficient PII and PLI insurance. AON, OTA’s partner insurer provides this with options for $1, $5 and $10 million worth of cover.

**Event Procurement**

|  |  |
| --- | --- |
| **Biller Name(Invoicing details)** |  |
| **ABN** *(if relevant)* |  |
| **Billing Address** |  |
| **Presenter contributions***(Time split across named presenters)* |  |
| **\* Requested Presenter Fee(s):***(See guidelines below)* |  |

**\*** *Please note - payment for rolling programs over into our online library is 20% of income.*

**Thank you for self-nominating to be a part of the OTA**

**learning and development program.**

**Please send the completed form to:** **info@otaus.com.au**

**Feedback is aimed to be provided within 6 weeks of lodgment.**

