Please complete and return this document to Occupational Therapy Australia: [info@otaus.com.au](mailto: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 1 Name/ 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**](mailto:info@otaus.com.au)

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

