

## SuppoRTT Bids – Existing Bid

Please see below the questions that will be asked if you select that you are completing the application for an extension to an existing bid. Please do not take note of the question numbers, these are not applicable, all questions are provided.

1. From the below, how would you best categorise your proposed bid \* *Required*

- Non-technical skills simulation (virtually)
- Non-technical skills simulation
- Orientation to place of work (eg video tour of hospital)
- Research
- Specialty specific (Including Foundation)
- Technical skills simulation
- Upskilling Supervisors
- Wellbeing
- Generic course that does not fit into any other category

2. Is your application for a new bid or an extension to an existing, previously approved, bid? \* *Required*

- New
- Existing

15. Title \* *Required*

- Dr
- Miss
- Mr
- Mrs
- Ms
- Other

b. Forename: \* Required

c. Surname: \* Required

d. Email Address: \* Required

Please enter a valid email address.

e. Contact telephone number:

f. Job Title: \* Required

16. Is your bid a School or Organisation / Local education based \* Required


- School
- Organisation / local Education

17. Original bid reference number (must be provided): \* Required

**18.** A brief summary of your original bid \* *Required*



**19.** Have you managed to deliver all aspects of your original proposal? if yes, please detail, if no please indicate any reasons for a change in your original timescales, detail actions taken and future plan. (Max Score 4) \* *Required*



**20.** Did your approved bid include an event (eg. course, conference, activity): \* *Required*

- Yes
- No

If you had selected 'Yes' to question 20 please complete the below table to provide a breakdown of delegate attendance. If you had selected 'No' please move onto question 21.

If you select yes you will be present with A & B shown below

- a. How many events had you proposed to run at the point of your bid being approved: **Required**

Please enter a whole number (integer).

- b. How many events have you successfully ran: **Required**

Please enter a whole number (integer).

- c. Attendance & delegate information:

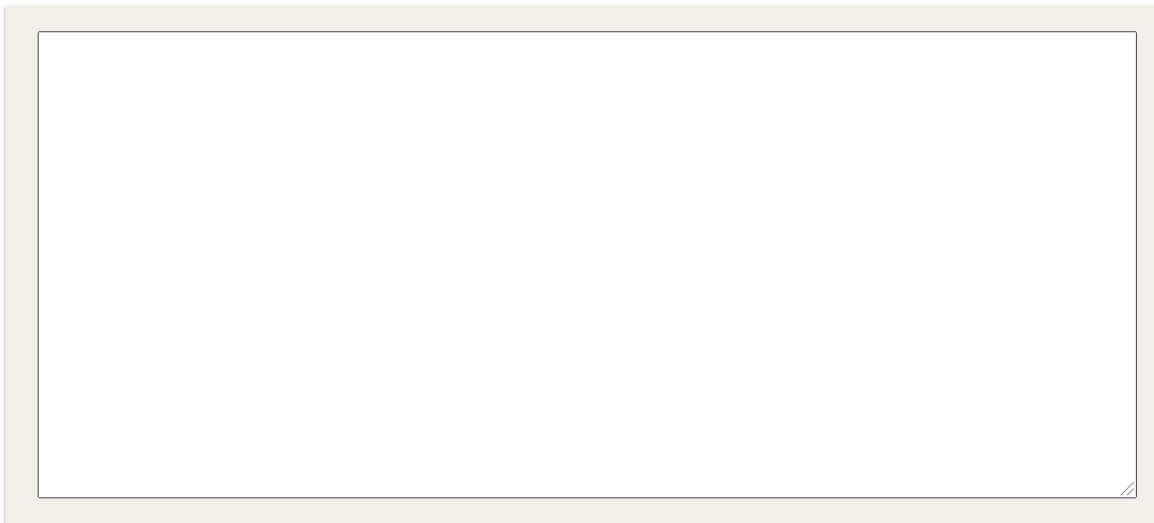
	Course date	Total bookings Received (eg. 30)	Total Attendance (eg. 20)	Breakdown of specialities of those in attendance (eg. 3x GP, 4x O&G)	Breakdown of grades of those in attendance (eg. 2x ST1, 4x ST4)
Course 1	<input type="text"/>  (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course 2	<input type="text"/>  (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course 3	<input type="text"/>  (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provides space for 7 courses

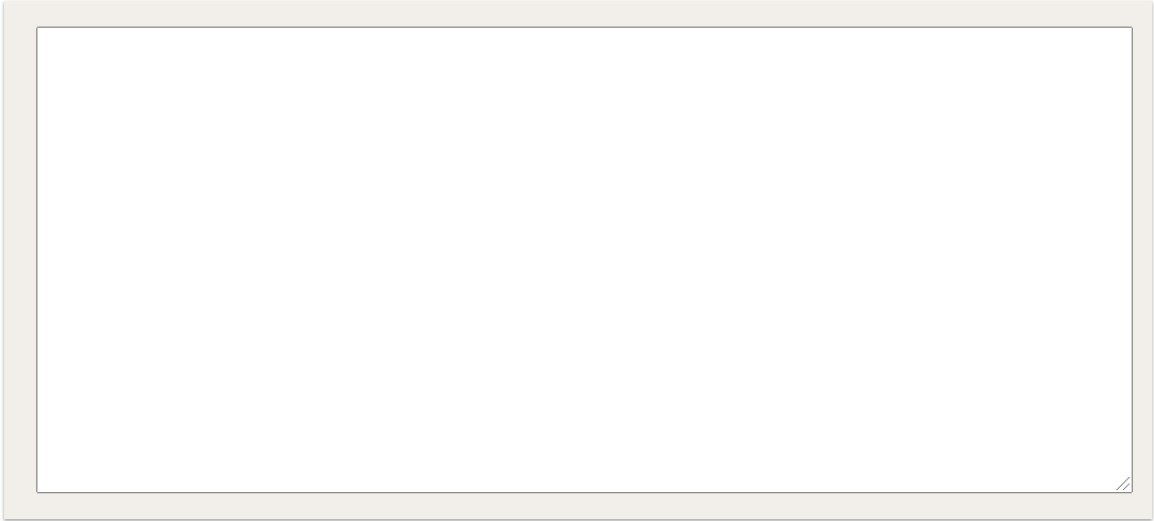
21. Trainee feedback received (brief summary, statistics, comments made, suggestions for improvements) (Max Score 4) \* *Required*

A large, empty rectangular text box with a light gray border, intended for entering trainee feedback. A small diagonal slash icon is visible in the bottom right corner of the box.

22. Facilitator / faculty / organisation feedback (including any lessons learnt and improvements made) (Max Score 4) \* *Required*

A large, empty rectangular text box with a light gray border, intended for entering feedback from facilitators, faculty, or the organization. A small diagonal slash icon is visible in the bottom right corner of the box.

- 23.** Reasons for requesting an extension to funding and how will it benefit a Trainee returning to training (eg. how will additional funds help your bid progress / continue and what benefits do you expect to achieve) (Max Score 4) \* *Required*



- 24.** How is the delivery of your proposed bid going to be sustainable in light of Covid (Max Score 4) \* *Required*



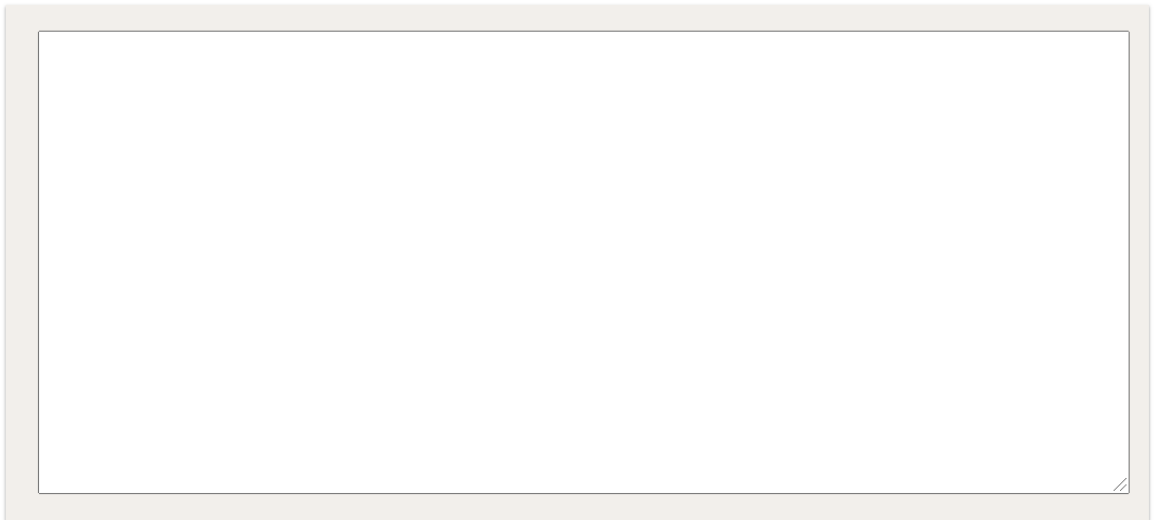
25. Who are the intended audience for your proposal (list specialty and grades) \* Required



26. How are you going to advertise your proposed bid (course/event etc) \* Required

- Email
- Online
- Word of mouth
- Medical Education
- Social Media
- Other

27. What changes have you made since the submission of your original bid and what changes do you plan on making if your extension is approved (Max Score 4) \* Required



28. How will you evaluate your proposed bid and collate feedback (Max Score 4) \* Required

29. Please detail how additional funds will be used (Max Score 4)

	Total Cost * Required	Breakdown and explanation of cost (eg. cost per course) * Required
Venue	<input type="text"/>	<div style="border: 1px solid #ccc; height: 130px;"></div>
Catering	<input type="text"/>	<div style="border: 1px solid #ccc; height: 130px;"></div>



Faculty

Administration

Equipment

Additional expenses

- 30.** Your application must have the support of your organisation. Please provide details of the person in your organisation who is most appropriate to provide approval for this bid and whom you have ALREADY gained support from:

	<i>* Required</i>
Name of Organisation:	<input type="text"/>
Full name of approver:	<input type="text"/>
Position/ role of approver:	<input type="text"/>
Approver's email address:	<input type="text"/>
Approver's telephone number:	<input type="text"/>

- 31.** I can confirm that: *\* Required*

Please select at least 4 answer(s).

- I have authorisation to apply for this funding on behalf of my organisation
- The proposal will benefit Trainees who are returning to training
- The amount requested for this bid is no more than £20,000
- An evaluation will be submitted by the end of this financial year