



Before you start

Please note: This application form must be read in conjunction with the [Information for applicants](#).

Please ensure you have read this information before completing and submitting your application to ensure you have fulfilled all requirements.

Grant details

This application form refers to a grant of \$5,000 being offered to successful applicants to develop and deliver face-to-face **GPMHSC-accredited Focussed Psychological Strategies Skills Training (FPS ST)**.

Visit the GPMHSC website to learn more about the educational requirements for developing and delivering accredited FPS ST.

Eligibility criteria

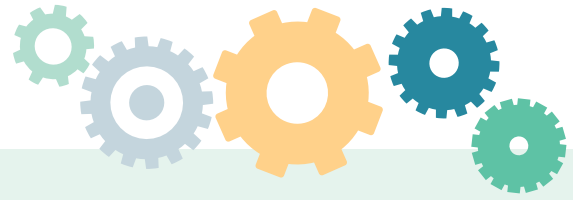
To be eligible for the grant, applicants must:

- develop face-to-face training that meets [GPMHSC requirements for FPS ST accreditation](#)
- agree and commit to delivering the first face-to-face training before 30 June 2025
- have the training available for GPs to access and complete until the end of the 2023–25 CPD triennium
- have an Australian Business Number (ABN).

Preference will be given to grant applicants who:

- have at least one other course previously accredited by the GPMHSC
- can demonstrate some experience in developing training and education for GPs
- can develop new face-to-face training addressing the specific mental health and wellbeing needs of:
 - Aboriginal and Torres Strait Islander people
 - children and adolescents
 - rural and remote communities
 - refugees and asylum seekers.

Applications must be submitted by **5:00pm (AEDT) Sunday 30 June 2024**.



Applicant details

Name of organisation		Address	
Suburb	State	Postcode	
RACGP training provider ID (if applicable)	Contact name	Position	
Phone	Email	ABN	

Selection criteria

1. Does the applicant intend to re-develop an existing GPMHSC-accredited FPS ST into a face-to-face course?

Yes No

If you answered **Yes to Q1**, please provide a written response (no more than 250 words) addressing the following:

- Information on how you plan to adjust this activity into face-to-face format
- How major changes such as filmed consumer and carer interviews will be made into face-to-face interactions (i.e. will you be bringing consumers and carers to the face-to-face activity?)

If you answered **No to Q1**, what FPS skills will the new course teach GPs? (Tick all that apply – [Review the FPS interventions approved by Medicare here](#))

CBT
 ITP
 Psychoeducation
 Relaxation strategies
 Motivational interviewing
 Eye movement desensitisation and reprocessing
 Other:

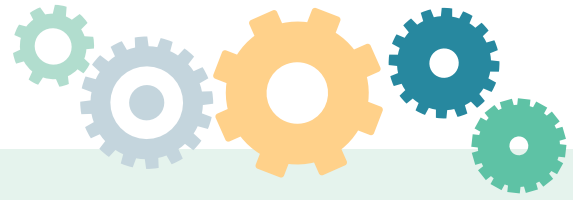
2. Does the applicant have at least one GPMHSC-accredited FPS ST previously accredited for the 2023–25 CPD triennium?

Yes No

If you answered **Yes to Q2**, please provide details of the accredited FPS ST (activity name, ID):

3. Does the training provider have experience and success in developing and delivering mental health training and education?

Yes No



If you answered **Yes to Q3**, please provide details of the education or training and attach a participant evaluation or feedback.

4. Will the new FPS ST be delivered face-to-face only or in a blended format?

Face-to-face only Blended (combination of face-to-face and e-learning)

5. Does the applicant intend to use the grant to re-develop or upgrade an existing online GPMHSC-accredited FPS ST into a face-to-face activity?

Yes No

6. Does the applicant agree and commit to developing and delivering the first face-to-face training before 30 June 2025?

Yes No

7. Will the training be available for GPs to access and complete during the 2023–25 CPD triennium?

Yes No

8. Is the applicant receiving or intend to receive funding from another source that will go towards developing and delivering FPS ST?

Yes No

Estimated costs

Please complete the following table, outlining the approximate cost (excl. GST) incurred during the design, development and implementation phases of the online FPS ST.

Design	Development	Implementation
Stakeholder consultations	Technology and software	Trainer fees
Instructional design Materials		Venue and facilities
Total: \$	Total: \$	Total: \$

Please ensure you have read the questions and the [Information for applicants](#) carefully, and that your responses provide the GPMHSC Committee with the information required to assess your application.

Declaration

I acknowledge all information contained within this application is complete and accurate.

I declare that I have read and agree to the terms of the GPMHSC Training Provider Grants Program as set out in the [Information for applicants](#).

Name:

I agree:

Date of declaration:

Yes

No

Signature