



## Before you start

**Please note:** This application form must be read in conjunction with the [Information for applicants document](#) and the [GPMHSC requirements for FPS ST accreditation document](#).

Please ensure you have read this information before completing and submitting your application to ensure your activity will fulfill all GPMHSC accreditation requirements.

## Grant details

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

FPS ST aims to educate GPs on the FPS interventions approved under the Better Access Initiative, and must meet the five learning outcomes outlined in the [Mental health training standards 2023-25: a guide for training providers](#).

Please visit the GPMHSC website for more information about the educational requirements for developing and delivering accredited FPS ST.

## Eligibility criteria

### To be eligible for the grants, applicants must:

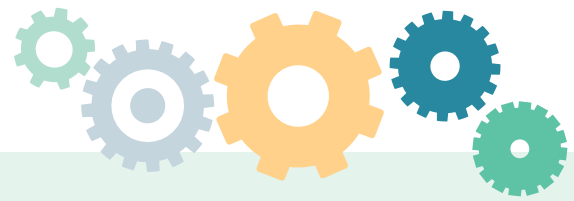
- develop face-to-face training that meets [GPMHSC requirements for FPS ST accreditation](#)
- agree and commit to delivering the first face-to-face training before 31 December 2025
- have the training available for GPs to access and complete until the end of the 2023–25 CPD triennium
- have an Australian 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
- 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.

### Terms and conditions:

Applications must be submitted by **5:00pm (AEDT) Monday 25 November 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 an 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?)

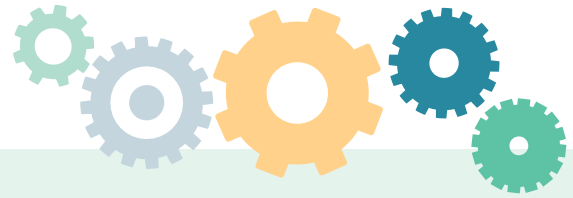
If you answered **No to Q.1**, what FPS skills will the new course teach GPs? (Tick all that apply – [Review the FPS interventions approved by Medicare here](#))

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

## Activity details

### 2. Please provide some information around the FPS ST activity you plan to develop/redevelop.

### 3. How does this activity intend to educate on the FPS interventions chosen above?



**4. If you are developing an activity regarding specific populations (Aboriginal and Torres Strait Islander People, children and adolescents, rural and remote communities, refugees and asylum seekers) please provide some information around how your activity will involve these populations**

**5. Please provide some information around how you plan to involve consumers and carers in your FPS ST activity. Please refer to the consumer and carer learning outcomes in the GPMHSC Mental Health Standards**

**6. Please provide some information around the GP and mental health professionals you are hoping to include in your activity, or at minimum what organisations you may engage when seeking these experts**

**7. Please confirm you have reviewed the five learning outcomes listed in the GPMHSC Mental Health Standards**

Yes            No

**8 . Does the applicant have a GPMHSC-accredited FPS ST activity previously accredited for the 2023–25 CPD triennium?**

Yes            No

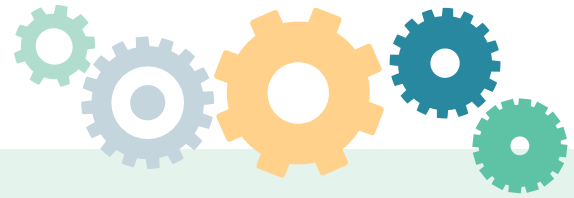
If you answered **Yes to Q8**, please provide details of the accredited FPS ST (activity name, ID):

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

Yes            No

If you answered **Yes to Q9**, please provide details of the education or training and attach a participant evaluation or feedback.

If you answered **Yes to Q9**, please provide details of the education or training and attach a participant evaluation or feedback.



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

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

**11. Does the applicant agree and commit to developing and delivering the first face-to-face training before 31 December 2025?**

Yes      No

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

Yes      No

**13. 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 Instructional design Materials	Technology and software	Trainer fees 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