# Clinical attachment

### Purpose

Use this form to outline your learning objectives, evaluate your experience and apply for CDP hours in the ACRRM Continuous Development Program and/ or a Procedural Grant (for registered applicants).

### Clinical Attachment Defined

This is a period of attachment in another clinical setting involving hands-on clinical practice with the aim of learning or updating specific skills or areas of knowledge.

### Please print clearly and complete all fields

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Procedural Grant:** Please tick if you wish to claim for this activity under the Rural Procedural Grants Program **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Obstetrics **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Surgery **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Anaesthetics **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Emergency Medicine **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Emergency Medicine Mental Health  **Only one component can be claimed per attachment. Must be a minimum of 6hrs excluding breaks.** | | | | | | |
| Name |  | | | | | |
| ACRRM Member Number |  | | Provider Number | | |  |
| Name of Supervisor |  | | | | | |
| Position of Supervisor |  | | | | | |
| Place f Clinical Attachment (e.g., Hospital, Town, etc.) |  | | | | State: | |
| Dates of Attachment | From |  | | To |  | |
| Attachment Time in Hours |  | | | | | |
| **Key Learning Areas** (Overall areas of knowledge that you want to improve or learn during the clinical attachment): | | | | | | |

|  |
| --- |
|  |
| **Specific Learning Objectives** (e.g., specific skills/ procedures that you would like to update) |
| **Educational Outcomes** (Did this clinical attachment prompt reflection on changes to practice? How will this impact on the service that you provide to your community?) |
| **Evaluation**  Did this clinical attachment meet your learning objectives:  **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp** Yes, completely **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Mainly **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Not really **C:\Users\sshandil\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\1D447D5A.tmp**Not at all |
| **Any other comments** |

**Declaration**

I hereby certify that the above member has demonstrated a sound level of clinical practice and fully engaged in the clinical attachment process to provide quality assurance and practice improvement in their clinical practice.

**Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Date:**