

## **FUNDING PROPOSAL**

| PROPOSED TEAM VISIT<br>Country<br>Specific focus for team visit  | City                    | <b>Length of visit</b> (month, year, no. o | of days)  |  |  |
|--|-------------------------|--|-----------|--|--|
| TEAM LEADER VISIT HISTORY<br>Country   | Office use only<br>Site | Date                                       | Report*   |  |  |
| *Previous activity report submitted to expe  | ected stardard          |  |           |  |  |
| TEAM MEMBERS<br>Team composition including designation. All team members must be financial members (FM) of Orthopaedic Outreach. |                         |  |           |  |  |
| Name   |                         | Hospital (e.g. Royal Melbourne Hosp        | bital) FM |  |  |
| PARTICIPATING LOCAL STAFF AND KEY CONTACTS<br>Identify by name and designation key local contact.                                |                         |  |           |  |  |
| Name   | Gender Role             | Hospital                                   |           |  |  |

## GOALS OF PROGRAM

Example 1: To build on initial groundwork of prior team visits over the past 5 years, providing further training on primary assessment and treatment options with a particular focus on hand trauma.

Example 2: To further develop orthopaedic surgical skills of local Drs X and Y, and continue to influence a team culture between surgeons and physio department in follow-up care.

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Return economy airfare from Sydney \$900 x 5 people Internal transfers  $20 \times 5$  people Accommodation \$143 x 7 nights x 5 people

Anticipated volunteer hours TOTAL

280 hours

7 days x 8 hrs x 5 people

\$9005.00

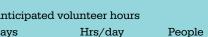
Expense

TOTAL

Cost / no. of people

TOTAL HOURS

Total cost



TOTAL EXPENSES

| Anticipated | volunteer hours |   |
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