

FUNDING PROPOSAL

PROPOSED TEAM VISIT Country Specific focus for team visit	City	Length of visit (month, year, no. o	of days)		
TEAM LEADER VISIT HISTORY Country	Office use only Site	Date	Report*		
*Previous activity report submitted to expe	ected stardard				
TEAM MEMBERS 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 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 20×5 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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