



## **Southwestern Ontario Stroke Network Continued Professional Development Funding Application**

**General Information:** The Southwestern Ontario Stroke Network Professional Development Fund was established to support knowledge enhancement and translation amongst health professionals working in stroke care across the continuum. Health Professionals within the Southwestern Ontario Stroke Network (SWOSN) may be eligible to receive up to \$500.00 per fiscal year to support attendance at stroke related educational events which align with best practice.

**Application Completion Process:** Applications must be completed in full and submitted electronically to SWOSN via email [swosn@lhsc.on.ca](mailto:swosn@lhsc.on.ca). Please note: funding will not be provided for approved applications until the applicant has submitted their receipts and certificate of attendance (as applicable).

**Application Review Process:** Applications will be accepted on an ongoing basis and will be reviewed twice per fiscal year by the application review committee (on the first business day of July and February). If there are additional funds at the end of fiscal year an additional review period will be established and communicated. A decision will be communicated to the applicant within 3 weeks of the review date.

**Additional Eligibility Guidelines:** SWOSN strives to ensure that fair representation of professional development funds are allocated throughout the region and across the multi-disciplinary team of health professionals in stroke. Applications will be reviewed, accordingly. Priority will be given to applications that:

- Differ from region-led education events / workshops
- Events that support education across a variety of providers
- Opportunities that align with the SWOSN Education Workplan

If you have any additional questions about the Professional Development Fund please contact us at [swosn@lhsc.on.ca](mailto:swosn@lhsc.on.ca).

<b>Section 1: Your Details</b>			
<b>Your Contact Information</b>			
First & Last Name			
E-mail Address			
Phone Number			
Mailing address <i>Reimbursement cheque will be sent here if approved</i>			
<b>Professional Details</b>			
Designation/ Role		Percentage of work day spent working with/for stroke survivors	
Organization			
Area of practice	<input type="checkbox"/> Pre-hospital	<input type="checkbox"/> ER	<input type="checkbox"/> Acute <input type="checkbox"/> Rehabilitation
	<input type="checkbox"/> Out-Patient	<input type="checkbox"/> Community	<input type="checkbox"/> Other _____
Please obtain permission from your <b>manager and/or district stroke coordinator</b> to request funding. Their signature is required.			
Name _____			
Signature _____			

<b>Section 2: Event Details</b>	
<b>Program/ Event Description</b>	
Title	
Description	
Date & Duration	
Location	
<b>Participation</b>	
How are you participating in this event?	<input type="checkbox"/> Poster Presentation <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Attendee <input type="checkbox"/> Keynote Speaker <input type="checkbox"/> Other _____
<b>Financial Details</b>	
Course Fee	\$
Other associated expenses <i>Provide expense description and amount</i>	\$
Total Amount Requested	\$
Have you applied elsewhere for funding pertaining to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you received funding from the SWOSN in the past fiscal year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Section 3: Knowledge Translation</b>	
<b>Briefly explain how this opportunity will:</b>	
Benefit your stroke practice (e.g.: professional development, level of stroke knowledge)	
Benefit your organization, including colleagues	
Benefit stroke clients and their families	
How will you share your learning after completing this opportunity?	<input type="checkbox"/> Lunch and learn <input type="checkbox"/> Develop informational packet/brochure/handouts for team <input type="checkbox"/> Hands on demonstration of skills <input type="checkbox"/> Share at team meeting <input type="checkbox"/> Teleconference <input type="checkbox"/> Written summary <input type="checkbox"/> Other _____
When will you do this?	
How will you improve your practice after completing this learning?	
Are you willing to:	
Share your learning with the SWOSN via our website (allowing us to post information/materials)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be a guest speaker/presenter for us in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Thank- you for completing the application.**