

CSDS Faculty Application Form

Applications must be discussed with the applicant and the Course/Program Director/Lead prior to the completion of this form.

A **current** signed and dated curriculum vitae (CV) and AHPRA registration details must accompany every application. Curricula vitae require verification statements, signature and date.

"I verify that the information contained within this CV is true and accurate" Signed and dated.

Each course has a specific Faculty Engagement Pathway which typically consists of:

1. Attend the course as a participant.
2. Complete course specific Train the Trainer (TTT).
3. Attend the course as a buddy (shadow) with trained Faculty.
4. Complete Technical Simulation Training and Fundamentals of Debriefing.
5. Facilitate the minimum required number of courses to maintain currency.

Applicants applying to instruct on EMAC, PHTLS and EMERGO will undertake additional requirements relevant to the specific governing body.

All Queensland Health employed prospective Faculty must also complete the separate Endorsement of Support Form to confirm availability and rostering support. This endorsement ensures that the applicant's line manager is informed of their Faculty role. It allows for appropriate rostering adjustments, including being rostered off clinical duties, and ensures backfilling and other rostering considerations are managed effectively.

Please ensure all fields are completed and required documentation is attached.

Applicant Details

Full Name:

Position/Title:

Department/Organisation:

Phone Number:

Email Address:

Signature:

Date __ / __ / ____

Endorser Details (existing Faculty of nominated course)

Full Name:

Position/Title:

Department/Organisation:

Phone Number:

Email Address:

Signature:

Date __ / __ / ____

Nominated Course/s:

Criteria	Select	Notes/Comments
Minimum qualifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mandatory discipline:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Simulation education experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Simulation Training (TST) completed: Simulation education often involves complex technologies (manikins, AV systems, task trainers), which Faculty must understand to use effectively during sessions. For applicants without prior experience in simulation education, completion of TST is mandatory.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <ul style="list-style-type: none"> <input type="checkbox"/> Completed equivalent course (attach evidence) <input type="checkbox"/> Not relevant for course teaching <input type="checkbox"/> Contributing clinical expertise <input type="checkbox"/> Other _____ 	
Fundamentals of Debriefing (FOD) completed: Debriefing expertise is a critical component of simulation-based learning, requiring the ability to facilitate reflective discussions, guide participants to insights, and provide constructive feedback. For applicants without demonstrated prior experience in debriefing, completion of FOD is mandatory.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <ul style="list-style-type: none"> <input type="checkbox"/> Completed equivalent course (attach evidence) <input type="checkbox"/> Not relevant for course teaching <input type="checkbox"/> Contributing clinical expertise <input type="checkbox"/> Other _____ 	
Demonstrates enthusiasm for the course objectives and learning outcomes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrates knowledge and relevant skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrates experience relevant to the course	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrates assertiveness and confidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrates positive communication and interpersonal skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Criteria	Select	Notes/Comments
Demonstrates teamwork	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exhibits leadership skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other comments		

Please email this form to the Team Leader, Education and Training Administration for processing via **CSDS-Faculty@health.qld.gov.au**

OFFICE USE ONLY:

Course/Program Director

Full Name:

Position/Title:

Department/Organisation:

Phone Number:

Email Address:

Comments

Signature:

Date __ / __ / ____

CSDS Approval

Assistant Nursing Director

Full Name:

Endorsed: Yes
 No

Comments:

Signature:

Date __ / __ / ____

Nursing Director

Name:

Approved: Yes
 No

Comments:

Signature:

Date __ / __ / ____

Faculty Application Checklist: Team Leader, ETA

- | | |
|---|--|
| Curriculum Vitae:
<i>(includes verification statement,
signed and dated)</i> | <input type="checkbox"/> Date Received: __ / __ / __
<input type="checkbox"/> File Location: |
| AHPRA Registration: | <input type="checkbox"/> Date Received: __ / __ / __
<input type="checkbox"/> File Location: |
| Attended course as
participant: | <input type="checkbox"/> Date Completed: __ / __ / __
<input type="checkbox"/> Not applicable |
| Technical Simulation
Training (TST): | <input type="checkbox"/> Date Completed: __ / __ / __
<input type="checkbox"/> Not applicable |
| Fundamentals of
Debriefing (FOD): | <input type="checkbox"/> Date Completed: __ / __ / __
<input type="checkbox"/> Not applicable |
| Train the Trainer: | <input type="checkbox"/> Date Completed: __ / __ / __
<input type="checkbox"/> Not applicable |
| Buddy course: | <input type="checkbox"/> Date Completed: __ / __ / __
<input type="checkbox"/> Not applicable |
| Medical Credentialing: | <input type="checkbox"/> Date Completed: __ / __ / __
<input type="checkbox"/> Not applicable |
| Endorsement of Support: | <input type="checkbox"/> Date Received: __ / __ / __
<input type="checkbox"/> Not applicable |
| Faculty Spreadsheet: | <input type="checkbox"/> Date Updated: __ / __ / __ |
| Confirmation Letter: | <input type="checkbox"/> Date Sent: __ / __ / __ |