Enrichment Activity Funding Application

1. **APPLICANT INFORMATION**

**Activity Lead(s)**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Faculty sponsor (if required) |  |
| Email Address |  |
| Faculty/Department/School |  |

**Eligibility requirements**:

Proposed activities must:

* have explicit interprofessional learning objectives that align with the competencies articulated in [National Interprofessional Competency Framework.](https://health.ubc.ca/sites/health.ubc.ca/files/documents/CIHC_IPCompetencies_Feb1210.pdf)
* be delivered to students from two or more disciplines.
* offer interactive learning that provides students with an opportunity to learn about, with and from each other.
* be led by a faculty member at UBC Vancouver or UBC Okanagan (student-led activities must have a faculty sponsor)

1. **PROPOSAL SUMMARY**

**Provide a title and a brief description of the activity** (please include the duration of the activity, how often the activity will run, whether it is in-person or on Zoom, if there is pre-reading or pre-work and if there will be session materials)

|  |  |
| --- | --- |
| **Title** |  |
| **Brief description** |  |

**What are the learning objectives for the activity** (please refer to the [National Interprofessional Competency Framework](https://health.ubc.ca/sites/health.ubc.ca/files/documents/CIHC_IPCompetencies_Feb1210.pdf))

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| --- |
|  |

**What are the interactive learning elements of the activity**

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|  |

**Tell us how this enrichment activity will promote collaborative health education?** (please refer to the [National Interprofessional Competency Framework](https://health.ubc.ca/sites/health.ubc.ca/files/documents/CIHC_IPCompetencies_Feb1210.pdf))

**Students from which disciplines are eligible to attend the activity?**

|  |  |
| --- | --- |
| Audiology | ☐ |
| Clinical Psychology | ☐ |
| Dental Hygiene | ☐ |
| Dentistry | ☐ |
| Dietetics | ☐ |
| Genetic Counselling | ☐ |
| Health and Exercise Sciences | ☐ |
| Medicine | ☐ |
| Midwifery | ☐ |
| Nursing | ☐ |
| Occupational Therapy | ☐ |
| Pharmacy | ☐ |
| Physical Therapy | ☐ |
| Social Work | ☐ |
| Speech Language Pathology | ☐ |

**How many students can attend the activity? Will there be a maximum number of students per discipline (if so, please include numbers per discipline)?**

**How will you sustain the activity beyond funding?**

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| --- |
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1. **BUDGET DETAILS**

**Amount Requested**

Indicate the amount of funding requested (up to $2,000 per year). Applicants may apply for funding each year, for a maximum of 3 years.

|  |  |
| --- | --- |
| **Amount** | **$** |

Provide a budget showing major categories of spending. It is not expected that you have other funds available, but if you do plan to combine Enrichment Activities funds with other sources, please note those below.

Budget may include items such as curriculum design, coordination, facilitator payment, parking, honoraria, catering, etc.

|  |  |
| --- | --- |
| **Item** | **Amount** |
|  |  |
|  |  |
|  |  |
| Total budget |  |
| Amount funded through other means (if any) |  |
| **Amount requested from the Enrichment Activities Funding** |  |

1. **REPORTING**

Successful applicants will need to provide a report after the delivery of their activity each year, including an overview of the activity, disciplines, and number of students who participated. UBC Health will provide a report template. Final reports are due on August 31.

Activities should take place in the academic year following their application and enrichment funding recipients will need to return all funds received to UBC Health if they do not deliver the proposed activity.