**DETAILS OF ACADEMIC SUPPORT GRANT**

|  |  |
| --- | --- |
| **Name of ACP / SDDC** |  |
| **Grant Ref. No.** **(per letter of award)** |  |
| **Financial Year** |  |

This form is used to **inform** Joint Office of Academic Medicine (JOAM) on details of the upcoming study trip which has been approved under ACP / SDDC Academic Support Grant.

Study trip plan(s) for ACP / SDDC should have been submitted as part of the annual workplan & budget during ACP / SDDC Academic Support Grant Call for Group Director (Academic Medicine), SingHealth / Vice Dean (Office of Academic Medicine), Duke-NUS’ overview.

If the study trip is a deviation from the original plan approved through the Academic Support Grant Call, ACP / SDDC is required to submit a **Variation Request – Change in Study Trip Destination** **via the system** **with this form as an attachment** for JOAM’s approval **at least 3 months prior to the trip**. This request should include an overview of the programme, a quotation for airfare from SingHealth Travel Management Company and any other relevant supporting documents. **No expenditure is permitted prior to obtaining the relevant approvals as indicated**.

***Reporting Requirements:***

ACP / SDDC is required to **report the Study Trip Outcomes** in the **Academic Support Grant Final Report**.

Where appropriate, the ACP / SDDC will be required to **share the learning points** from the trip **with the wider academic medicine community** within SingHealth Duke-NUS Academic Medical Centre, such as:

(i) present during **Academic Medicine Administrators’ (AMA) Meeting** by administrators and

(ii) **Academic Council (AC) Meeting** by ACP Chair / Head of SDDC or Designate

1. **OBJECTIVES & DELIVERABLES OF TRIP**

(Include tangible outcomes e.g. how it will benefit the ACP / SDDC)

1. **DURATION OF TRIP**

From [Date] to [Date]

1. **PLACE(S) OF VISIT**
2. **PARTICIPANTS & OBJECTIVES**

*Please add more rows if required.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Name of Participant(s)** | **Designation(s)***(To include ACP / SDDC Appointments, if applicable)* | **Objective(s)***(To include AM objectives relating to Research, Education, Innovation etc.)* | **Flight Class** | **Source of Funding** *(Study Trip Budget OR Faculty Development Budget)* |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

1. **EXPENDITURE TO BE INCURRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items** | **Cost/pax/day (S$)** | **No. of days** | **No. of pax** | **Total Cost in Foreign Currency (indicate Foreign Currency)** | **Total Cost (S$)** |
| Airfare |  |  |  |  |  |
| Subsistence Allowance  |  |  |  |  |  |
| Others *(please provide itemised list)* |  |  |  |  |  |
| **Total**  |  |  |  |  |  |

1. **BUDGET AVAILABLITY**

|  |  |  |
| --- | --- | --- |
|  | **Study Trip Budget** | **Faculty Development Budget** |
| a. Approved Budget (S$)*(As per Letter of Award/ latest approved Variation as of DD/MM/YY)* |  |  |
| **b. Current Request for Study Trip Approval (S$)** |  |  |
| **c. All Previously Approved Study Trip(s)’s Quantum (S$)** |  |  |
| **d. Cumulative Quantum [b+c] (S$)** |  |  |
| **e. % against total approved budget [d/a]:**  |  |  |

1. **SUPPORTED BY**

|  |  |  |
| --- | --- | --- |
| **NAME & SIGNATURE OF** **ACP ACADEMIC CHAIR / HEAD OF SDDC\****\*please delete accordingly* |  | **DATE** |