



APLAR-ASia Pacific Initiative for Rheumatology Nurse Education (APLAR-ASPIRE) Education Grants Post-Event Documentation Form

Please complete and submit this form to **APLAR Office** at secretariat.aplar@gmail.com **within 2 weeks of your meeting date.**

Grant award number	
Name of recipient	

I certify that:

To the best of my knowledge all details provided in this form and in any supporting documentation are true and complete in accordance with these grant rules.

Signature of applicant/authorized representative : _____

Name of applicant/authorized representative : _____

Job title : _____

Submission date : _____



PART A – FINAL AGENDA OF THE MEETING

Please attach the final agenda of the meeting with this form

Meeting title

Date of meeting : _____

Duration of meeting : _____

Location of meeting : _____

Please indicate which of the following ASPIRE core training modules will be used. Select all that apply:

- Module 1: Patient assessment
- Module 2: Treatment and self-management education
- Module 3: Disease monitoring and follow-up care

Please provide a summary of any changes from information provided during the application process



PART B – POST-TRAINING EVALUATION RESULTS

Each event should include an assessment of the effectiveness of the module(s) used by asking participants to answer the questionnaires included in each module before and after the event.

Please attach a collated de-identified analysis of the pre- and post-training evaluation (e.g., in the form of an excel sheet listing the number of correct responses for each question before and after meeting).

Please provide a brief summary of these results

Would you conduct this training again?

- Yes
- No
- Unsure

If you would conduct this training again, which of the following core training modules would you use? Select all that apply:

- Module 1: Patient assessment
- Module 2: Treatment and self-management education
- Module 3: Disease monitoring and follow-up care

Please share with us any comments, feedback, or suggestions that you or your participants have about ASPIRE core training modules



PART C – MEETING PHOTO

Please attach at least one photograph taken at the meeting to show that the ASPIRE core training modules are being used. This can be back-of-room view to avoid capturing participants' faces.

May we use your photo(s) in our promotional materials?

Yes

No

PART D – MEETING PARTICIPANTS

Final number of participants : _____

Please choose (X) the type of participants. Select all that apply:

Rheumatology nurses

Medical students

Nurses

Other healthcare professionals

Student nurses

Other (please specify)

Medical trainees

Part E – Awardee grant budget reconciliation and supporting receipts

Please indicate (X) the grant you were awarded for this event

APLAR-ASPIRE Education Grant I

SGD 1,000 to support small meetings with **at least 20 participants**

APLAR-ASPIRE Education Grant II

SGD 2,500 to support larger meetings with **at least 50 participants**



Please submit original receipts of expenses incurred (including tax and service charge). Itemise EACH of your attached ORIGINAL receipts below and state the amount and currency in which the expense was incurred:

Record of expenses	Currency used	Amount
Total request:		

Meal limits are specified in Exhibit A.

Part F – Bank account details for grant disbursement

Please fill in all fields clearly.

Account Name*:	
Account Number:	
Bank Clearance Code:	
Bank Name:	
Bank Address:	
SWIFT Code:	

*Account name must be the same as the name stated in the application form.

FOR APLAR USE ONLY

Application number :

Date :

Comments :

EXHIBIT A: MEAL LIMITS

Country	Currency	Breakfast	Lunch	Dinner	Light refreshment (Maximum 2 snacks per day)	Remarks
Australia	AUD	45.00	45.00	100.00	Not applicable	
China	CNY	200.00	300.00	300.00	50.00	
Hong Kong SAR, China	HKD	310.00	400.00	700.00	310.00	
India	INR	2,000.00	3,000.00	6,500.00	2,000.00	
Indonesia	IND	350,000.00	500,000.00	500,000.00	350,000.00	
Japan	JPY	Not applicable	10,000.00	10,000.00	3,000.00	
Malaysia	MYR	30.00	70.00	150.00	30.00	
Philippines	PHP	1,250.00	2,000.00	2,500.00	800.00	
Singapore	SGD	40.00	70.00	120.00	20.00	
South Korea	KRW	20,000.00 *Daily meal limit to Healthcare Professionals (HCP) working in public institutions and government officials.				
South Korea	KRW	45,000.00	65,000.00	100,000.00	Not applicable	Meal limit is applicable to HCPs working in private institutions.
Taiwan	TWD	1,200.00	1,800.00	3,000.00	1,200.00	Total max meal limit per day is TWD3,500.00
Thailand	THB	1,000.00	1,500.00	3,000.00	800.00	Pre-approval from Janssen is needed for all meals with government officials
Vietnam	VND	300,000.00	600,000.00	600,000.00	Not applicable	

All meal limits listed in Exhibit A are inclusive of tax and service charge.