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APPLICATION FOR CONSOLIDATION OF SKILLS

The Consolidation of Skills Program enables rural medical practitioners who have completed procedural skills training to transition to being independent rural GP with Advanced Skills (procedural and non procedural).

An appropriately skilled and distributed general practice workforce is required to meet the State's primary health care needs, particularly for the delivery of public and community health programs and procedural work in rural and regional hospitals. Funding assists with development, recruitment and retention of a skilled general practice workforce for rural and regional Victoria.

The Consolidation of Skills Program aims to ensure that rural medical practitioners, who have completed procedural skills training, the opportunity to consolidate these skills under supervision, enabling them to transition to independent practice and meet the medical service needs of the communities in which they practise.

Funding of up to $25,000 per post is available for rural health services and rural general practices to provide an opportunity for general practitioners who have undertaken procedural training (i.e Rural Extended and Advanced Procedural Skills and General Practice – Rural Generalist training programs), to consolidate their skills with the intention of:

1. Meeting identified community and workforce need
2. Safe practice and quality care
3. Succession planning
4. Maintenance of advanced skills

1. HEALTH SERVICE DETAILS *(Health Service that will be providing the initial training/upskilling)*		
Health Service name:		
ABN:		GST registered: ☐ Yes ☐ No
Phone:		Fax:
Email:		
Physical address:		
Postal address:		

Rural Workforce Agency - Victoria Level 6, Tower 4 World Trade Centre 18-38 Siddeley Street, Melbourne Vic 3005
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Trainee Details		
Title:	First name:	Surname:
Position: Fellowed GP ☐ International Medical Graduate or Australian Medical Graduate working in General Practice ☐ Registrar in AGPT Program ☐	Phone:	Email:
Fax:		
Specialist Supervisor Details:		
Title:	First Name:	Surname:
Position:	Phone:	Email:
GP Specialist Mentor Details:		
Title:	First Name:	Surname:
Position:	Phone:	Email:
Consent and confidentiality		
Information provided in this application form will be used to assess applications for funding and/or support from Rural Medical Workforce Programs and to undertake RWAV's duties in the administration of Rural Medical Workforce Programs. Information provided will be disclosed to the Department of Health and Human Services and other individuals, agencies or organisations (e.g. local health providers) as required by law or as deemed necessary by RWAV to fulfil its obligations in the administration of Rural Medical Workforce Programs. By completing this form and selecting the box below, you are indicating your permission for RWAV to use the information provided as described above. Procedures relating to confidentiality and privacy are set out in a policy statement that can be obtained from the RWAV website. If you have any concerns or would like to verify information held about you, please email rwav@rwav.com.au		
☐ I have read the above and give consent for the information provided to be used in accordance with these terms.		

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Name:	Date:
Sign:	

2. SERVICE REQUIREMENT DETAILS -
Proposed service priority *(Rural Health Service where doctor will practise after upskilling)*
Service Requirement (linked to a particular location) and background.ie identified community need, are there enough theatre lists/ caseload for skill maintenance? If not please describe how the doctor can maintain the skill in this or neighbouring health services? Please explain in detail of at least 100 words (If more room is required, attach page to application)
3. TRAINEES COMMITMENT TO RURAL VICTORIA DETAILS
Demonstrated Commitment to Rural Victorian Community- Trainee to complete:

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Demonstrated commitment to remain and practise in rural Victoria. Please explain in at least 100 words:

Is a letter of support from the Rural Health Service/Hospital, where the doctor will provide the service, attached?

☐ Yes ☐ No

If you are a registrar on the AGPT program, has this application been discussed and approved by the Regional Training Organisation?

☐ Yes ☐ No

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