Rural General Practice Experience Day Out

Grant Application Form 2017

Applications open at **9am** Monday 16th October 2017 and close Friday 3rd November at **9am**.   
*Late applications will not be considered.*

Please ensure that you have read the **RWAV “Rural General Practice Experience Day Out ”Grant Application Guidelines** before completing your application formand if you have any questions regarding the selection process please contact the Future Workforce Program Officer on [FutureWorkforce@rwav.com.au](mailto:FutureWorkforce@rwav.com.au)

To apply complete this application form and return to:

Email [FutureWorkforce@rwav.com.au](mailto:FutureWorkforce@rwav.com.au)

Mail Future Workforce Program Officer

Rural Workforce Agency, Victoria

Level 6, Tower 4, World Trade Centre

18 – 38 Siddeley Street,

Melbourne VIC 3005

**1. Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Surname: |  |
| Postal address: |  | Town: |  |
| Postcode: |  | Phone: |  |
| Email: |  | | |

**2. Current course details**

|  |  |  |  |
| --- | --- | --- | --- |
| University: |  | Campus: |  |
| Course: |  | Year of course: |  |

Yes, I am available to attend a full weekday prior to June 30th 2018.

**Are you a medical student?**  Yes  No

**Are you a member of a Student Rural Health Club?**  Yes  No

**Are you a bonded medical student?**  Yes  No

**3. Responses**

**What do you hope to gain by attending the “Rural General Practice Experience Day Out”” in 2017? (250 words)**

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| **Are you a student with a rural background, please provide details including residential address and timeframes?**  **To meet the regional and rural residency criteria: Applicants must have lived for at least 5 years consecutively or 10 years cumulatively after birth in a place classified by the Australian Geographic Classification- Remote Areas (ASGC-RA) system as level 2-5*.*** |

**Are you planning to complete clinical placements in a rural (RA 2-5) location during your training? RA 2-5 location? Information found at** [**http://www.doctorconnect.gov.au/**](http://www.doctorconnect.gov.au/)

**Please provide details.**

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| **Why are you interested in rural general practice? (250 words)** |

**4. Agreement**

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| Name of applicant: |
| Date: |

In submitting this application form, I agree to accept the conditions of the grant as outlined in this document and the **RWAV “Rural General Practice Experience Day Out” Grant Application Guidelines 2017.**

I acknowledge that information collected in this Grant Application may be used in accordance with RWAV’s Privacy Policy and consent to it being used or disclosed for the purposes described in the Privacy Policy

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| --- |
| Sign here |

Thank you for your application.