Rural Allied Health Postgraduate Scholarship and CPD Program

2018-2019

**Important Information**

* Information that you provide on this Application Form and in the additional requested documents is the only information that will be considered in the selection and ranking process.
* It is very important that you make sure you have provided all the relevant information for each section on this form. Incomplete applications will not be considered.
* The number of scholarships and grants awarded is subject to available funds and evenly distribution across Victoria and all disciplines.
* For the purposes of taxation, money from the scholarship scheme may be considered as income. Please seek advice from your accountant.

**Application Form Instructions**

* Read this Application Form and the separate Guidelines carefully before filling in the Application Form
* Answer all questions on this Application Form relevant to your application
* The application is to be completed electronically and saving the form as a PDF and submitting via e- mail to [alliedworkforce@rwav.com.au](mailto:alliedworkforce@rwav.com.au) .
* All supporting documentation is to be scanned and attached to the email with the application form.
* Please do not send originals of any supporting documentation requested, as these documents will not be returned to you
* Relevant supporting documentation must be supplied with this application.

**CPD timelines:**

Applications can be received up until 5 pm 30/06/2019 for CPD grants; payment will be made once all completed documentation has been received

**Scholarship timelines:**

First round Scholarship applications must be received by RWAV by 5 pm 30 March 2019, and mid-year scholarship applications must be received by 3 August 2019

## If you are applying for a CPD grant, please complete sections A, B, E and F

## If you are applying for a Postgraduate Scholarship, please complete sections A, C, D, and F

## Section A – Applicant Details

Correspondence will be sent primarily via email to personal addresses – Please ensure you have provided the correct details

Title Click here to enter text.

First Given Name Click here to enter text.

Second Given Name Click here to enter text.

SurnameClick here to enter text.

Date of BirthClick here to enter text.

Telephone (home) Click here to enter text.

Telephone (mobile) Click here to enter text.

Email Address (personal) Click here to enter text.

## Address Details - Please include correct mailing address for correspondence

**Postal address** Click here to enter text.

City Click here to enter text.

State Click here to enter text.

Postcode Click here to enter text.

**Street address** (if different to above)

Click here to enter text.

Did you reside at this address in 2017/18? Yes  No

If no, in what town/suburb did you reside Click here to enter text.

**Employment Details**

**Current Employer** Click here to enter text.

Street Click here to enter text.

City Click here to enter text.

State Click here to enter text.

Postcode Click here to enter text.

Telephone (work) Click here to enter text.

Email Address (work) Click here to enter text.

Position Held Discipline Click here to enter text.

Date of commencement: Click here to enter text.

**Citizenship**

Are you an Australian Citizen or Permanent Resident Yes  No

**Aboriginal/Torres Strait Islander**

Are you of Aboriginal or Torres Strait Islander descent? Yes  No

**Previous Funding**

Have you previously received funding from another scholarship or grant program Yes  No

If Yes:

Name of previous Scholarship/Grant Click here to enter text.

Duration of funding (start and finish date) Click here to enter text.

The amount received ($) Click here to enter text.

**Section B – Continued Professional Development**

**Eligibility**

Is your profession listed in the guidelines under the eligible professions? Yes  No

Are you working in a rural location Yes  No

Did you undertake the training (CPD) in the 2018-19 financial year? Yes  No

Have you paid for the cost of the training (CPD)? Yes  No

Have you obtained funds from any other source for this training (CPD)? Yes  No

**Professional Development Course details:**

Course title: Click here to enter text.

Education Institute:Click here to enter text.

Date(s) & Times: Click here to enter text.

Location: Click here to enter text.

**Expenditure – (Copy of original tax invoice/receipts required as evidence)**

Registration Fee

Car Travel (capped at 0.66c per KM)

Airfare Cost (capped at 75% of cheapest economy airfare via most direct route)

Accommodation Costs (capped at $100 per night to cover the duration of the course)

\*Registered commercial Premises only (not Air Bnb)

Childcare Costs ($60 per day for up to 5 days per year)

## 

## Section C - Education Details: Post Graduate Certificate or Graduate Diploma

Course title: Click here to enter text.

Education Institute: Click here to enter text.

Length of Course: Click here to enter text.

Do you intend to study: Full-Time  Part Time

Mode of Study:

Off-Campus/Distance Education

On campus

Combination of distance and on campus

**Previous Qualifications Completed**

Course Click here to enter text.

University Click here to enter text.

Year Completed Click here to enter text.

## Additional Information Required

The following additional information is required as part of your application for the Rural Allied Health **Graduate Certificate or Graduate Diploma Scholarship**. Please attach these documents to your Application Form in the following order:

1. A minimum of 750 word summary explaining:
   * The relevance of your postgraduate study to service demands within your health service and in Victoria generally
   * Your understanding and experience of communities and practice
   * Your interest in, and commitment to future practice in Victoria
   * How this scholarship will assist you in beginning your postgraduate studies
2. Curriculum Vitae
3. Letter of support (employer)
4. Evidence of employment (this must be separate to the employer letter of support)
5. Full information regarding the course to be undertaken
6. Proof of enrolment (must be included at the time of application)

**Section D - References**

Two written references must be provided:

The referee must be from your current employer, i.e., direct supervisor, manager or CEO

Please ensure your referees can be contacted.

**Referee (employer)**

Full Name Click here to enter text.

Employer Title Click here to enter text.

Relationship to applicant Click here to enter text.

Phone Click here to enter text.

Email Address Click here to enter text.

**Referee (secondary)**

Full Name Click here to enter text.

Title Click here to enter text.

Relationship to applicant Click here to enter text.

Phone Click here to enter text.

Email Address Click here to enter text.

**Section E – Evaluation questions**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please respond to the following statements | | | | | | | | |
| 1. Participation in this Continuing Professional Development (CPD) activity has increased my job satisfaction | | | | | | | | |
| Strongly disagree | Disagree | | Neutral | | Agree | | Strongly agree | |
|  |  | |  | |  | |  | |
| 2. The CPD activity provided an opportunity for me to interact with other professionals in my field, which I do not usually have the opportunity to do. | | | | | | | | |
| Strongly disagree | Disagree | | Neutral | | Agree | | Strongly agree | |
|  |  | |  | |  | |  | |
| 3. The PD activity has contributed to increasing my skill level and ability to implement evidence-based practice. | | | | | | | | |
| Strongly disagree | Disagree | | Neutral | | Agree | | Strongly agree | |
|  |  | |  | |  | |  | |
| 4. This CPD program made me seek training opportunities I otherwise would not have? | | | | | | | | |
| Strongly disagree | Disagree | | Neutral | | Agree | | Strongly agree | |
|  |  | |  | |  | |  | |
| 5. How did the CPD event enhance your knowledge within your role to address community health needs (50 words or less) | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| 6. Before this CPD opportunity, when did you last attend CPD? | | | | | | | | |
| 3 months ago | 6 months ago | | 1 year ago | | More than 1 year | | More than 2 years | |
|  |  | |  | |  | |  | |
| 7. If any, what were the barriers to attending CPD in the past? | | | | | | | | |
| Location | | Cost | | Leave availability | | Education availability | | Other |
|  | |  | |  | |  | | Click here to enter text. |
| 8. Would you recommend this grant program to your Colleagues? | | | | | | | | |
| Yes | No | |  | |  | |  | |
|  |  | |  | |  | |  | |
| 9. How did you find out about this grant program? | | | | | | | | |
| Click here to enter text. | | | | | | | | |

## Section F - Declaration

I have read and understood the 2018-19 Rural Allied Health Postgraduate Scholarship

And CPD Program guidelines.

I declare that the information supplied by me in this application is true and correct.

I authorise Rural Workforce Agency Victoria to seek details from the tertiary institution at which I am enrolled.

I agree to future contact from the Rural Workforce Agency Victoria about the evaluation of program outcomes

Name of Applicant Click here to enter text.

Signature of Applicant

Date Click here to enter text.

Name of Witness Click here to enter text.

Address of Witness Click here to enter text.

Signature of Witness

DateClick here to enter text.

## Submission

Send completed applications and information to: [a](mailto:alliedworkforce@rwav.com.au)[lliedworkforce@rwav.com.au](mailto:lliedworkforce@rwav.com.au)

## Privacy Collection Statement

All personal information received by us from you or about you and your organisation will be stored, used and disclosed by us in accordance with our privacy policy, a copy of which can be found on our website at [www.rwav.com.au/privacy-policy.](http://www.rwav.com.au/privacy-policy) If you have any questions in relation to how we may use and store your personal information please contact us.

**CLIENT EFT BANK ACCOUNT REGISTRATION**

Rural Workforce Agency, Victoria, RWAV has the capacity to pay our creditor accounts by Electronic Funds Transfer (EFT) directly to nominated bank accounts. An EFT advice will be forwarded by fax or email within 3 working days that the transfer is made. RWAV will keep your account information strictly confidential, and will only be used for the purpose of payment of your accounts.

|  |  |  |  |
| --- | --- | --- | --- |
| **RWAV – Financial Operations Use Only** | |  | |
| **Approved by:** |  | **Client Code:** |  |
| **Position/ Title:** |  | **Date Received:** |  |
| **Signature:** |  | **Date Approved:** |  |

CLIENT INFORMATION:

**Name:** Click here to enter text.

**Postal Address:** Click here to enter text.

**Telephone:** Click here to enter text. **Fax number:** Click here to enter text.

**Email:** Click here to enter text.

**Registered for GST Yes  No** ABN: Click here to enter text. 

If yes, please provide ABN

BANK DETAILS:

**Company Account Name:** Click here to enter text.

or **Account Name:**

**BSB number:** Click here to enter text.

**Account Number:** Click here to enter text.

**Bank Name:** Click here to enter text.

AUTHORISATION:

I or on behalf of our Company, elect to receive payment(s) paying to us by EFT to our nominated bank account.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click here to enter text. | **Signature:** | Click here to enter text. |
| **Position/ Title:** | Click here to enter text. | **Date:** | Click here to enter text. |