

## **Rural Allied Health Postgraduate Scholarship and CPD Program 2018-2019**

### **Application Form**

#### **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 submitted in PDF format 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 5:00 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 5:00 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

First given name

Second given name

Surname

Date of birth

Telephone (home)

Telephone (mobile)

Email address (personal)

**Address details** - Please include correct mailing address for correspondence

Postal address

City

State

Postcode

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

Did you reside at this address in 2017/18?

Yes

No

If no, in what town/suburb did you reside

**Employment Details**

Current employer

Street

City

State

Postcode

Telephone (work)

Email address (work)

Position held/discipline

Date of commencement:

**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

Duration of funding (start and finish date)

The amount received (\$)

## 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:

Education Institute:

Date(s) & Times:

Location:

### Expenditure – (copy of original tax invoice/receipts required as evidence)

Registration fee (up to 100% of fee)

Car travel (capped at 0.66c per KM)

Airfare cost (full cost of the cheapest economy airfare via the most direct route)

Accommodation costs (capped at \$140 per night to cover the duration of the course)

\*Registered commercial premises only (not Air Bnb)

Childcare costs (\$60 per day for up to five days per year)

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

Course title:

Education institute:

Length of course:

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

University

Year completed

### **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

Employer title

Relationship to applicant

Phone

Email address

### **Referee (secondary)**

Full name

Title

Relationship to applicant

Phone

Email address

## 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 CPD 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).				
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
8. Would you recommend this grant program to your colleagues?				
Yes	No			
9. How did you find out about this grant program?				



## 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

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Signature/E-Signature of Applicant

Date

Name of witness

Address of witness

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Signature/E-Signature of Witness

Date

### Submission

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

<b>RWAV – Financial Operations Use Only</b>			
<b>Approved by:</b>		<b>Client code:</b>	
<b>Position/title:</b>		<b>Date received:</b>	
<b>Signature:</b>		<b>Date approved:</b>	

**CLIENT INFORMATION:**

Name:

Postal Address:

Telephone:

Fax number:

Email:

Registered for GST

Yes

No

ABN:

If yes, please provide ABN

**BANK DETAILS:**

Company account name:

or account name:

BSB number:

Account number:

Bank name:



**AUTHORISATION:**

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

<b>Name:</b>		<b>Signature:</b>	_____
<b>Position/title:</b>		<b>Date:</b>	