An Introduction to Cultural Safety in Aboriginal

Health Training for Students

**Grant Application Form 2018**

Please ensure that you have read the **RWAV An introduction to cultural safety in Aboriginal health for students Grant Application Guidelines 2018** prior to completing your application. If you have any questions regarding the selection process please contact [FutureWorkforce@rwav.com.au](mailto:FutureWorkforce@rwav.com.au).

**Applications open Monday 26th February 2018 and close on Monday 12thMarch 2018 at 9am**. Late applications will not be considered.

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: |  |

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

Yes, I am available to attend the full day workshop on **Wednesday 4th April 2018**

**Which Student Rural Health Club are you a member of?**

**3. Rural Background Details (if applicable)**

**To meet the regional and rural residency criteria: Applicants must have lived for at least five years consecutively or 10 years cumulatively after birth in a place classified by the Australian Geographic Classification- Modified Monash Model system as level MM 2-7**  <http://www.doctorconnect.gov.au/locator>***.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a rural background? | Yes  No | | |  |
| Residential Address: |  | | |
| Town: |  | Postcode: |  |
| State : |  | Duration of residence: |  |

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| --- |
|  |

**4. Responses**

What do you hope to gain in attending “An introduction to cultural safety in Aboriginal health for students” in 2018? (250 words)

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| --- |
|  |

Have you previously attended any Aboriginal Cultural Safety training?

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| --- |
|  |

Have you completed/ are you completing clinical placements in a RA 2-5 location during your training? Please provide details.

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| --- |
|  |
| **Do you have any dietary requirements?** |

**5. Agreement**

|  |
| --- |
|  |
| 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 “An introduction to cultural safety in Aboriginal health for students” Grant Application Guidelines 2018** if I am successful in obtaining a grant to attend this course.

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.