Business Training Grants for Rural Primary Health Care Practices

**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 grants awarded is subject to available funds and evenly distributed across Victoria, with preference given to more remote locations
* For the purposes of taxation, money from the grants 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
* The application is to be completed electronically and saving the form as a PDF and submitting via e- mail to grants@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

**Application timelines:**

Applications for funding in the 2018-19 financial year must be received by RWAV by 5 pm 30 June 2019.

## 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: 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**

**Eligibility**

Are you working in a rural primary care practice? Yes [ ]  No [ ]

Are you working in a rural location? Yes [ ]  No [ ]

Do you plan undertake the training in the 2018-19 financial year? Yes [ ]  No [ ]

Have you paid for the cost of the training? Yes [ ]  No [ ]

Have you obtained funds from any other source for this training? Yes [ ]  No [ ]

**Business Training 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.

**Previous Qualifications Completed**

Course Click here to enter text.

University Click here to enter text.

Year Completed 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) [ ]

##

1. A minimum of 100 word summary explaining:
	* How this business training will enhance the management of your practice
	* Your interest in, and commitment to rural Victoria
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 E – Evaluation questions**

|  |
| --- |
| Please respond to the following statements |
| 1. I expect participating in this upskilling activity to increase my job satisfaction |
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|[ ] [ ]  [ ]  |[ ]  [ ]  |
| 4. This grant made me seek training opportunities I otherwise would not have? |
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|[ ] [ ]  [ ]  |[ ]  [ ]  |
| 5. How did this upskilling activity benefit you, your practice and the community (50 words or less) |
| Click here to enter text. |
| 6. Before this training, when did you last undertake an upskilling activity?? |
| 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 training activities 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 Business Training Grants for Rural Primary Health Care Practices Guidelines

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

[ ]  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.

## Submission

Send completed applications and information to: grants@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. |