Rural General Practice Experience Program

Grant Application Form 2019

Applications open at **9 am** Monday 3rd September 2018 and close Friday 16th November 2018 at **9 am**.
*Late applications will not be considered.*

Please ensure that you have read the **RWAV “Rural General Practice Experience Program ”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

To apply complete this application form and return to:

Email FutureWorkforce@rwav.com.au

**1. Personal details**

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

**2. Current course details**

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

**Are you available to attend two consecutive days in February** **2019?** [ ]  Yes [ ]  No

**Are you available to attend two consecutive days in March 2019?** [ ]  Yes [ ]  No

**Are you available to attend two consecutive days in April 2019?** [ ]  Yes [ ]  No

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

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

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

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**3. Responses**

**What do you hope to gain by attending the “Rural General Practice Experience Program” in 2019? (250 words)**

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|      **Why are you interested in rural general practice? (250 words)**      |
| **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 five years consecutively or 10 years cumulatively after birth in a place classified by the Modified Monash Model MM 2-7*.***       |

**Are you planning to complete clinical placements in a rural (MM2-7) location during your training? MM2-7 location? Information found at** [**http://www.doctorconnect.gov.au/**](http://www.doctorconnect.gov.au/)

**Please provide details.**

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**4. Agreement**

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| Name of applicant:       |
| Date:       |

[ ]  In submitting this application form, I agree that I understand and will follow the conditions of grants as outlined in this document and the **RWAV “Rural General Practice Experience Program” Grant Application Guidelines 2019** if I am successful in obtaining a grant.

[ ]  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

Sign here

Thank you for your application.