

## **An Introduction to Cultural Safety in Aboriginal Health Training for Students**

### **Grant Application Form 2019**

Please ensure that you have read the **RWAV An Introduction to Cultural Safety in Aboriginal Health for Students Grant Application Guidelines 2019** 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 Tuesday 12 March 2019 and close on Monday 25 March 2019 at 9:00 am.** 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:
Personal Email:	

#### **2. Current course details**

University:	Campus:
Course:	Year of course:

<b>Are you a bonded medical student?</b>	Yes	No
<b>Are you a John Flynn Placement Program scholar?</b>	Yes	No

**Please select which date you will attend:**

I will attend the full day workshop on **Wednesday 3<sup>rd</sup> April 2019**

I will attend the full day workshop on **Thursday 4<sup>th</sup> April 2019**

**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:

**4. Responses**

**What do you hope to gain in attending “An introduction to cultural safety in Aboriginal health for students” in 2019? (250 words)**

**Have you previously attended any Aboriginal cultural safety training?**

**Have you completed/are you completing clinical placements in a MM 2-7 location during your training? Information found at <http://www.doctorconnect.gov.au/>  
Please provide details including location and timeframe.**

**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 2019** 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.

Sign here

Thank you for your application.