

Business Training Grants For Rural Primary Healthcare Practices

Grant Application Form 2018 - 2019

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.
- If you are applying for a short course, you must apply retrospectively.
- If you are applying for a postgraduate course, you must apply prospectively.

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 5:00pm 30 June 2019.

If you are applying for a grant for a short course (retrospectively), please complete sections A, B, D and E

If you are applying for a grant for a postgraduate course (prospectively), please complete sections A, C, D and E

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:

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 – Short course

Eligibility

Are you working in a rural primary care practice?	Yes	No
Are you working in a rural location?	Yes	No
Do you plan to 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:

Education Institute:

Date(s) & Times:

Location:

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)

Section C - Education Details for postgraduate courses

Course title:

Education Institute:

Intended start and end dates 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

Estimated Expenditure

Registration Fee

Car Travel (capped at 0.68c 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)

Section D – Evaluation questions

Please respond to the following statements				
1. Participating in this upskilling activity to increased 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)				
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
8. Would you recommend this grant program to your colleagues?				
Yes	No			
9. How did you find out about this grant program?				

Section E - Declaration

I have read and understood the 2018-19 Business Training Grants for Rural Primary Healthcare 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

Signature of Applicant

Date

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. 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:

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.

Name:		Signature:	
Position/ Title:		Date:	