

GP FELLOWSHIP EXAM GRANT APPLICATION FORM

RWAV is responsible for administering education grants to eligible General Practitioners (GPs) working in rural and remote Victoria. The education support grant seeks to provide financial assistance to non-vocationally registered GPs in order to access education and resources to facilitate their preparation as they work towards Fellowship of either the Royal Australian College of General Practitioners (RACGP) and/or the Australian College of Rural and Remote Medicine (ACRRM).

Eligibility Criteria

- Must be enrolled on either the Rural Locum Relief Program (RLRP) or 5-year OTD Scheme
- Provide a minimum of 6 sessions per week or 0.6 FTE.
- Apply for the education grant within the same financial year the course was completed
- Apply for the education grant **AFTER** completion of the workshop or training (evidence must be supplied)
- Not be on an Australian Government funded or subsidised training program such as the Remote Vocational Training Scheme (RVTS) or Australian General Practice Training Program (AGPT) or be completing GP Fellowship through ACRRM
- Must have completed an Individual Learning Plan with a RWAV appointed Medical Educator before accessing any education grants

Eligible courses, resources and activities

- Individual Learning Plan
- Communication and Consultation Skills Workshop
- Formal tuition
- Educational resources
- Pre exam workshops (only accredited courses are eligible)
- Cost of travel and accommodation to attend workshops and exam preparation courses
- GP medical educator visits
- English language tutoring and support

Grant Distribution*

Cost	Amount eligible to claim
Course fees	Reimbursement of courses are capped at \$3000 per financial year unless identified in Individual Learning Plan
Resources	Full cost of resources up to \$1000
Accommodation Expenses	Up to \$100.00 per night at a registered commercial premises irrespective of location (rural or metro)**
Car Travel Expenses	Mileage at 0.66 cents per kilometre on a return trip from the applicants usual place of residence via the most direct and practical route can be claimed if travel is more than 80 km from residence
Airfares	Up to 75 per cent of the cost of the cheapest economy airfare via the most direct route if training cannot be accessed in Victoria

Train	Full cost of train pass from the applicants residence (town) to the course return fare***
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* Grant amounts are indicative and other factors such as the GPs location as well as if the location is high priority as identified in RWAV's Needs Assessment

** Private accommodation or childcare will not be subsidised

*** Taxi fares or ride sharing services will not be subsidised

The allocation of funding for each doctor will be determined based on each GP's level of support, training and assistance identified in their Individual Learning Plan and/or other determinant factors (e.g. their distance from regional training providers).

Education grant claiming process

- An Education Grant claim form must be completed for each claim. General Practitioners can claim multiple items on the same claim form.
- Clear copies of tax invoices must be supplied with the claim form. The tax invoice must include;
 - General Practitioners name,
 - The address and/or ABN
 - The date of the purchase
 - Details that clearly state what was purchased. This must be evident on the receipt
 - Proof of payment i.e. balance must display as NIL/0:00. If the amount on the tax invoice is not in Australian dollars a bank statement must also be supplied
- All documents must be clear and legible
- Claims will only be processed once GP has commenced in practice on the RLRP or 5 year OTD Scheme practice.
- Claims can take up to 10 business days for processing and payment from the date of receipt of a complete application.
- The application form and all supporting documentation is to be scanned and submitted via e-mail to grants@rwav.com.au

Terms and Conditions

1. GPs must book and pay for their course registration. Reimbursement of costs will only be paid after successful completion of the nominated course.
2. Education grants cannot be used to reimburse retrospective costs (costs incurred prior to working in an eligible location).
3. RWAV has the right to cap funding amounts to individual GPs to ensure equal distribution.
4. Grant does not cover fellowship exam enrolment or General Practice College membership costs.
5. Grant approval and payment is dependent on funding availability.
6. Funding is not available to assist with formal tertiary or VET qualifications.



Section A- Applicant Details			
Last Name:			
First Name:		Middle Name:	
Gender:			
Date of Birth:			
Email Address:			
Phone Number:		Home: ()	Mobile:
Are you of Aboriginal or Torres Strait Islander descent?			
Section B- Employment Details			
Organisation:			
Address:			
		State:	Post Code:
Telephone:			
Date commenced at this position:			
Full Time Equivalent (FTE)			
Section C- Eligibility			
Are you currently on the Rural Locum Relief Program (RLRP) or the 5 year Scheme?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently working in an MM2 – 7 classified rural location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed at least 0.6 FTE or 6 sessions a week?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section D- Exam Support Claim			
Course:			
1.Course Name:			
Location: <i>(leave blank if online)</i>			
Date course was completed:			
Course Cost:			
2.Course Name:			
Location: <i>(leave blank if online)</i>			
Date course was completed:			
Course Cost:			
Travel:			
1.Car travel:			
Travel from:			



Travel to:	
No. of kilometres (return)	<i>for car travel only</i>
2. Other mode of transport:	
Travel from:	
Travel to:	
Travel cost:	
Accommodation:	
No. of Days:	
Total Cost:	

Other eligible reimbursements	
1. Description of expense:	
Date expense was incurred:	
Cost:	
2. Description of expense:	
Date expense was incurred:	
Cost:	
3. Description of expense:	
Date expense was incurred:	
Cost:	

Supporting Documents

- Tax Invoice for each item claimed (excluding car travel)
- Evidence of completion of course/activity



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CLIENT EFT BANK ACCOUNT REGISTRATION

RWAV will keep your account information strictly confidential, and will only be used for the purpose of payment of your accounts.

CLIENT INFORMATION:

Company Name: _____

or Name:

Postal Address: _____

Registered for GST NO YES

ABN: _____

BANK DETAILS:

Company Account Name: _____

or Account Name:

BSB number: _____

Account Number: _____

Bank Name: _____

AUTHORISATION:

I or I, 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:	_____

RWAV – FINANCIAL OPERATIONS USE ONLY		Phone: (03) 9349 7800 Fax: (03) 9820 0401	
Approved by:	_____	Client Code:	_____
Position/ Title:	_____	Date Received:	_____
Signature:	_____	Date Approved:	_____