RELOCATION GRANT APPLICATION FORM

RWAV is responsible for administering relocation grants to eligible health professionals that have commenced in an approved eligible location. The grants are designed to attract, recruit and improve the distribution of Health Professionals in rural and remote Australia to meet community needs. Funding is limited and applications are assessed by a panel.

## Application Form Instructions

* The application is to be completed electronically by saving the populated form as a PDF and submitting via e- mail.
* All supporting documentation is to be scanned and attached to the email with the application form.
* Paper copies will only be accepted if the application form has been electronically populated and hand signed.
* Please do not send originals of any supporting documentation requested, as these documents will not be returned to you
* Your Application Form should be accompanied by the additional documents referred to below and in the correct order. Applications without all of the documents listed will not be considered.
* Read this Application Form and the separate Guidelines carefully before filling in the Application Form
* Answer all questions on this Application Form

## Additional Information Required

The following additional information is required as part of your application for the Relocation Grant. Please attach these documents to your Application Form in the following order:

1. A minimum 500-word summary explaining:
	* How your role addresses community need
	* Your understanding and experience of communities and primary care
	* Your interest in, and commitment to practice in rural Victoria
2. Curriculum Vitae
3. Letter of support (employer)
4. Certified copy of Birth Certificate and/or Passport
5. Evidence of employment (this must be separate to the employer letter of support)
6. Position Description

## Submission

Send completed application and supporting documents to: grants@rwav.com.au

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| **Section A- Applicant Details** |
| Last Name: |  |
| First Name: |  | Middle Name: |
| Sex: |  |
| Date of Birth: |  |
| Current home address (Metropolitan location) |  |
| State: | Post Code: |
| Email Address: |  |
| Phone Number: | Home: ( ) | Mobile: |
| Residency Status: |  |
| Are you of Aboriginal or Torres Strait Islander descent? |  |
| **Section B- Employment Details** |
| Organisation: |  |
| Address: |  |
|  | State: | Post Code: |
| Telephone: |  |
| Position Title: |  |
| Date commenced at this position:  |  |
| Full Time Equivalent (FTE)  |  |
| Employment Contract Period  |  |
| Employer Contact details: | Phone: |
| Email: |
| **Section C- Eligibility**  |
| Is your profession listed in the guidelines under the eligible professions? | [ ]  Yes | [ ]  No |
| Are you currently working in an MM2 – 7 classified rural location or have you been offered employment to work in an MM2-7 classified rural location in the future?  | [ ]  Yes | [ ]  No |
| Are you currently employed at least 0.6 FTE or 6 sessions a week in medicine, nursing, midwifery or allied health? | [ ]  Yes | [ ]  No |
| Is 50% of the role in primary health service including community health services | [ ]  Yes | [ ]  No |
| Is the role in an Outpatients Department? | [ ]  Yes | [ ]  No |
| Are you relocating residence from a RA1 to a RA2-7 location? | [ ]  Yes | [ ]  No |
| Have you entered in a minimum 12 month employment contract? | [ ]  Yes | [ ]  No |

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| **Section D- Qualifications** |
| **Primary Qualification** |
| Qualification Title: |  |
| Year Qualified: |  |
| Tertiary Institute: |  |
| Country of training: |  |
| **Post-graduate Qualification**  |
| Qualification Title: |  |
| Year Qualified: |  |
| Tertiary Institute: |  |
| Country of training: |  |
| **Section E- Registration, Licensing and Memberships** |
| **Current & all Previous Licensing Authorities i.e. AHPRA** |
| 1. Type of registration:
 |  |
| Date: |  |
| Registering Authority: |  |
| Any restrictions/conditions or undertakings? |  |
| 2. Type of registration:  |  |
| Date: |  |
| Registering Authority: |  |
| Any restrictions/conditions or undertakings? |  |
| **Memberships of Professional Organisations** |
| 1. Organisation:
 |  |
| Date: |  |
| 1. Organisation:
 |  |
| Date: |  |
| **Section F- Reference (must be from a current or previous employer)** |
| Full Name: |  |
| Employer Title: |  |
| Relationship to applicant: |  |
| Phone: |  |
| Email Address: |  |

## Declaration

I have read and understood the Relocation Grant Guidelines.

I declare that the role is a minimum 0.6 FTE and 50% is primary health

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

I authorise Rural Workforce Agency Victoria to seek details from my employer and reference.

I understand that I am relocating residence from a Metropolitan Area (MM1) to a Rural Location (MM2-7).

I agree to repay any Relocation Grant Funding received to RWAV if I leave the approved eligible position before 12 months.

I agree to notify RWAV within 10 business days if there are any changes to my employment and/or place of residence

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

## 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.