Victorian Rural Health Conference

Student Grant Application Form 2018

Please ensure that you have read the **RWAV “Victorian Rural Health Conference” Student Grant Application Guidelines** prior to completing your application. If you have any questions regarding the selection process, please contact FutureWorkforce@rwav.com.au.

**Applications open 5th March 2018 and close 19th March 2018**

Complete this application form and return to:

Email 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:  |       |
| Email: |       |

**2. Current course details**

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

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

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

[ ]  Yes, I meet the eligibility criteria as outlined in the RWAV Victorian Rural Health Conference Student grant guidelines

I am available to attend: [ ]  27th April 2018 [ ] 28th April 2018 [ ]  29th April 2018

|  |
| --- |
|  |

**3. Responses**

 **What do you hope to gain in attending the Victorian Rural Health Conference in 2018? (250 words)**

|  |
| --- |
|       |

 **Have you been nominated for a VRHA student award in 2018?**

|  |  |
| --- | --- |
|      **Why are you interested in rural general practice?**

|  |
| --- |
| **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 5 years consecutively or 10 years cumulatively after birth in a place classified by the Australian Geographic Classification- Remote Areas (ASGC-RA) system as level 2-5*.***       |

 |

 **Have you completed/ are you completing part of your degree in a RA2-5 location. Information found at** [**http://www.doctorconnect.gov.au/**](http://www.doctorconnect.gov.au/)

**Please provide details including campus and timeframe.**

|  |
| --- |
|       |

**4. 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 “Victorian Rural Health Conference” Student Grant Application Guidelines 2018** if I am successful in obtaining a grant to attend this conference.

[ ]  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.