

UPSKILLING EDUCATION GRANT APPLICATION FORM

RWAV is responsible for administering education grants to eligible health professionals working in rural and remote Victoria. The overall aim is to improve the retention and quality of health professionals in order to improve their skills and so they can provide services that address community need. The financial support provided to health professionals through the education grant will assist in meeting the additional expenses often borne by rural health professionals accessing education. 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
- Application Forms 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.
- Applicants are required to read this form and the guidelines carefully before completing the application
- All questions on this application form must be answered

Additional Information Required

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

1. A minimum 500-word summary explaining:
 - A statement explaining the relevance of your study to your current role and how this meets 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. Full information regarding the course to be undertaken

Submission

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



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?				
Undergrad Qualification				
Qualification Title:				
Year Qualified:				
Tertiary Institute:				
Country of training:				
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?			<input type="checkbox"/> Yes	<input type="checkbox"/> 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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed at least 0.6 FTE or 6 sessions a week in medicine, nursing, midwifery or allied health?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is 50% of the role in primary health service including community health services			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section D- 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?	

Section E- Postgraduate course or training you are applying for

Primary Qualification

Course Title:	
Tertiary Institute:	
Course start date:	
Expected year of completion:	
Course load:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Mode of study:	<input type="checkbox"/> Off Campus/Distance Education
	<input type="checkbox"/> On campus
	<input type="checkbox"/> Combination of distance and on campus

Section F- Anticipated Expenditure

Course Fees:	
Travel:	
Accommodation:	
Resources e.g. text books:	
Other related expenses:	



health
professional
solutions

Supporting Documents

- 500-word summary explaining community need and commitment to primary and rural health
- Curriculum Vitae
- Letter of support (employer)
- Certified copy of Birth Certificate and/or Passport
- Evidence of employment (this must be separate to the employer letter of support)
- Course details

Declaration

- I have read and understood the Education Grant Guidelines.
- I agree to provide RWAV with a transcript of results at the end of every calendar year until completion of the postgraduate course or training
- I declare that I am working a minimum 0.6 FTE in a MM2-MM7 location
- 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 agree to repay any Education Grant Funding received to RWAV if I fail to complete the postgraduate course or training I have applied for
- I agree to notify RWAV within 10 business days if there are any changes to my employment and/or course of study

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. If you have any questions in relation to how we may use and store your personal information please contact us.