**Rural Generalist Coordination Unit**

**2025-26 Rural Procedual Consolidation Term (RPCT) Grant Application Form**

May 2025

# Application Form

Before completing this application form, applicants should read the accompanying Rural Procedural Consolidation Term (RPCT) Grant Guidelines document and ensure key criteria are addressed.

Completed applications can be emailed to [health.SARuralGeneralistTraining@sa.gov.au](mailto:health.SARuralGeneralistTraining@sa.gov.au)

Enquiries about the program should be directed to Kylee Nuss, Manager, Trainee Medical Officer Unit, Rural Support Service on 0481 466 438 or by emailing [kylee.nuss@sa.gov.au](mailto:kylee.nuss@sa.gov.au).

# A: Applicant details

|  |  |
| --- | --- |
| Regional Local Health Network | Choose an item. |

or

|  |  |
| --- | --- |
| Organisation Name and address  *(If the applicant is not a rLHN)* | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Organisation ABN | Click or tap here to enter text. |

**Regional LHN or organisation’s contact person for the application  
NOTE**: This must not be the trainee

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Contact phone number | Click or tap here to enter text. |
| Contact email address | Click or tap here to enter text. |

# B: About the Rural Procedural Consolidation Term

## Rural Procedual Consolidation Term Details

*Note: if no trainee has been identified, then only provisional approval for this application can be granted. Final approval of grant funds is contingent on the trainee meeting eligibility requirements and Section D: below being provided.*

|  |  |
| --- | --- |
| Skills consolidation discipline area | Choose an item. |
| Duration of position *(Provide start and finish dates)* | Start date: Click or tap to enter a date.  Finish date:Click or tap to enter a date. |
| Have you already identified a trainee for this position? | Yes  No  *If “*Yes*”, complete section D below.* |
| If no trainee, would you like RGPSA to assist in recruiting? | Yes  No  If ‘Yes’ the RGCU will be in contact to offer assistance. |
| If no trainee, please provide details of how position will be recruited to or filled: | Click or tap here to enter text. |

# D: RPCT Trainee Details

**Trainee contact details**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Contact phone number | Click or tap here to enter text. |
| Contact email address | Click or tap here to enter text. |
| Medical Registration Number | Click or tap here to enter text. |
| Medicare Provider Number | Click or tap here to enter text. |
| Where is the trainee planning on living and working after skills consolidation? | *(Provide the name of the health service/primary care clinic they plan to work in, if known)*  Click or tap here to enter text. |

|  |  |
| --- | --- |
| Indicate the trainee’s training pathway and college: | Training Pathway: AGPT  RVTS  RGTS  IP  General Practice College: ACRRM  RACGP |
| Advanced Skill(s) completed: | 1. Choose an item. 2. Choose an item. |
| Year Advanced Skill completed: | 1. Click or tap here to enter text. 2. Click or tap here to enter text. |
| Fellowship obtained: | Yes  No  Year: Click or tap here to enter text.  FACRRM  FRACGP  FRACGP-RG |
| Trainee engagement arrangement: | How will the trainee be engaged during this placement:  Choose an item. Click or tap here to enter text.  Who is the trainee’s employer, or owner of the FFS or other arrangement:  Click or tap here to enter text. |

Has the Trainee signed up to the Rural Generalist Program South Australia?  Yes  No

In order to access the RGCT funding the trainee must have completed the sign up process.   
Please visit <https://www.ruralgeneralist.sa.gov.au/> to sign-up.

Provide details of the trainee’s experience and why they are seeking to consolidate their skills.

|  |
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|  |

Has the trainee experienced deskilling i.e. absent from advanced skill practice for greater than 12 months and/or where a practitioner has been unable to utilise existing professional development programs. Provide details.

|  |
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The trainee is aware of this application and has agreed to their personal information being provided:

Yes  No

Please complete and attached the Learning Plan to this application.

Learning Plan attached

# E: Site and Training Details

|  |  |
| --- | --- |
| Primary Site Name | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Address of Primary Site | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Secondary Site Name  *(If applicable)* | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Address of Secondary Site  *(If applicable)* | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Has formal discussions occurred with the Head of Unit where the skills consolidation will take place? | Yes  No  Date of discussion: Click or tap to enter a date.  Name of Head of Unit the discussion occurred with:  Click or tap here to enter text. |

## Site Accreditation details

Provide details of site accreditation status for the relevant skills training being conducted

|  |  |
| --- | --- |
| Primary Site | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Secondary Site  *(If applicable)* | Click or tap here to enter text. |

## Supervisor details (Primary Mentor)

Who will be the Primary Mentor for the trainee?

|  |  |
| --- | --- |
| Primary Mentor | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Secondary Site supervisor  *(If applicable)* | Click or tap here to enter text. |

## Training Placement details

## Provide details of the training placement including roster and supervision details:

|  |
| --- |
|  |

# F: Community Need

Please describe how the skills consolidation placement will meet the following:  
1) an identified community need at the primary or secondary location; and/or   
2) an identified community need at the location the trainee will work at following skills consolidation?

|  |
| --- |
|  |

# G: Funding

|  |  |
| --- | --- |
| Total grant amount applied for:  *Excluding In-kind.  (Maximum grant* ***$25,000****).* |  |

## Proposed expenditure

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | | **In-kind contribution** | **Grant Expenditure** (ex GST) |
| 1. | Salary and Wages (\*restriction apply, see below) | .00 | .00 |
| 2. | Supervisor | .00 | .00 |
| 3. | Professional Development | .00 | .00 |
| 4. | Travel | .00 | .00 |
| 5. | Other *(please specify)* | .00 | .00 |
| *(please specity)* | .00 | .00 |
| *(please specity)* | .00 | .00 |
| **Total** | | **$0.00** | **$0.00** |

\* Unfortunately the Rural Generalist Coordination Unit funding from the Australian Government does not allow for the payment of Registrar salary and wages. If your trainee is a Registrar please identify other eligible items to support their skills consolidation post.

# H: Privacy Notice

Each application must be accompanied by the declaration below. The declaration must be signed by the applicant’s delegated authority in the presence of another person.

## i. Privacy Notice

The Rural Generalist Coordination Unit, Rural Support Service, BHFLHN, complies with the Australian Privacy Principles (‘APPs’) contained in the *Privacy Act 1988* when handling any personal information.

***Use and disclosure of personal information***

Personal information collected by the Rural Generalist Coordination Unit, Rural Support Service, BHFLHN, in this application form is used for the purpose of assessing applications for grant funding.

# ii. Signed Declaration

I, Click or tap here to enter text., make this declaration on behalf of all parties named in the application.

I confirm that:

* I am an authroised representative of the applying organisation;
* I have read the accompanying grant guideline information document prior to completing this application form;
* grant funding has been sought and will be used for the purposes outlined in the application form;
* the information provided in this application form and all appended documents is complete and correct;
* where the trainee is unknown we are aware that only provisional approval may be given and are subject to:
  + the eligibility of a trainee once identified; and
  + Section D: above being completed and provided and submission of a Learning Plan to the Rural Generalist Coordinatin Unit
* I understand that this application for grant funding is not an offer on the part of the Rural Generalist Coordination Unit, nor does it create any obligation on the part of the Rural Generalist Coordination Unit, Rural Support Service, BHFLHN, to make any grant payments; and
* I will regard all communication with the Rural Generalist Coordination Unit, Rural Support Service, BHFLHN, as confidential and not disclose its contents without the RGCU’s prior written consent.

|  |  |
| --- | --- |
| Signature: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |