# A: Trainee (applicant) Details

## Trainee contact details

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| 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 are you currently working? | (Provide the name of the health service/primary care clinic where you currently work)  Click or tap here to enter text. |

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| Indicate your pathway and college (if relevant): | Training Pathway: AGPT  RVTS  RGTS  IP  General Practice College: ACRRM  RACGP |
| Advanced Skill(s) completed (if relevant): | 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. |
| Have you obtained Fellowship? | Yes  No  Year: Click or tap here to enter text.  FACRRM  FRACGP  FRACGP-RG |

Have you signed up to the Rural Generalist Program South Australia?  Yes  No

In order to access this funding, you need to complete the sign-up process.   
Please visit <https://www.ruralgeneralist.sa.gov.au/rural-generalism/sign-up-rgpsa/> for more information and to sign-up.

# B: Qualification / course details

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| Training Provider | Click or tap here to enter text. |

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| --- | --- |
| Qualification name | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Course start date | Click or tap to enter a date. | Course end date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Where will you be based during your training? | Click or tap here to enter text. |

and/or

Course funding applied for

|  |  |  |  |
| --- | --- | --- | --- |
| **Course and Training Provider** | | **Amount applied for:** | **Does this include GST? Provide amount GST applied:** |
| 1. | Click or tap here to enter text. | Click to enter amount. | Click to enter GST. |
| 2. | Click or tap here to enter text. | Click to enter amount. | Click to enter GST. |
| 3. | Click or tap here to enter text. | Click to enter amount. | Click to enter GST. |
| 4. | Click or tap here to enter text. | Click to enter amount. | Click to enter GST. |
| **Total** | | **Click to enter application total.** | **Click to enter total GST.** |

*Maximum funding per applicant per financial year is $5,000 exclusive of GST.*

Access to FACEM supervision, where it is not available at the trainee’s current place of employment, can be achieved via undertaking the relevant placement hours at the Mt Barker District Soldiers Memorial Hospital – Emergency Department or other site in certain circumstances. This will need to be negotiated between the trainee’s rLHN and BHFLHN. The RGCU will assist to facilitate this.

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| Do you need assistance with organising access to FACEM supervision?  (If ‘Yes’ provide any relevant details that may help us meet your needs) | No ☐ Yes  Click or tap here to enter text. |

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| Have you paid for any of these courses? | No  Yes  If ‘Yes’ please provide receipts with this application |

|  |  |
| --- | --- |
| Have you accessed any Professional Development funding for these courses and how much? | No  Yes  If ‘Yes’ Please state how much PD funding you have received for these courses:  Click or tap here to enter text. |

Where do you plan to practice these skills following training and how do you think they will benefit the rural community?

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| Click or tap here to enter text. |

# C: Learning Plan

This learning plan is required to be completed by the trainee in consultation with their primary mentor. It is also a requirement that this plan is reviewed in consultation with your mentor halfway through your training.

Where a qualification is being undertaken:

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| --- | --- |
| Has a formal discussion occurred with the following people regarding this application? | Not applicable:  Medical Education Unit No  Yes  Date of discussion: Click or tap to enter a date.  Person discussed with: Click or tap here to enter text.  Supervisor No  Yes  Date of discussion: Click or tap to enter a date.  Person discussed with: Click or tap here to enter text. |

What are your goals for undertaking the training qualification/course?   
*Note: in addition to technical skills, also consider personal factors.*

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

How do you plan to achieve these goals over the course of your training?

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| Click or tap here to enter text. |

## Do you foresee any barriers that might impact your ability to achieve these goals and how might these be addressed?

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| Click or tap here to enter text. |

## Do you have any other comments or considerations?

|  |
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| Click or tap here to enter text. |

# D: Privacy Notice

Each application must be accompanied by the declaration below. The declaration must be signed by the applicant.

## 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 a rural medical trainee on rural generalist pathway
* I have read the accompanying scholarship guidelines information document prior to completing this application form;
* scholarship funding sought will be used for the purposes outlined in this application form;
* I will not access other professional development reimbursement for items funded through this RGPSA scholarship funding
* the information provided in this application form and all appended documents is complete and correct;
* I understand that this application for 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 scholarship 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. |