MANAGER SUPPORT FOR RURAL GENERALIST LEVEL 1 SCHOLARSHIP

Name of scholarship applicant	

I have read the candidate's application and understand that in supporting this application:

- I have discussed the application with the applicant and agree that this training program will benefit the applicant and our department or local health district.
- I understand the applicant will be required to allocate time and attend the nominated online training as part of their learning and development and I undertake to support them to participate.
- I can ensure that:
  - The applicant will have a profession-specific supervisor co-located with the participant for 50% or more of work hours. Where a supervisor is not able to be co-located, efforts will be made to find an external supervisor for the applicant.
  - The applicant will have a supervision support plan in place with the nominated supervisor.
  - The applicant will be provided with a minimum of 0.1 FTE (four hours per week) of the work role to complete the training and development activities associated with the Program
  - The applicant will be supported where possible to have opportunities to work in areas linked to their elective units
  - Support will be provided to facilitate completion of a service development project as part of the Program.

Name		**Position**	
Signed		**Date**	

Please describe why you support the applicant undertaking this course of study: