

RURAL MEDICAL TRAINEE SCHOLARSHIP 2019/20

APPLICATION FORM

Personal Details

First Name	<input type="text"/>	Surname	<input type="text"/>
AHPRA Registration Number	<input type="text"/>		
Street Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Contact Number	<input type="text"/>		
Email Address	<input type="text"/>		
Are you of Aboriginal or Torres Strait Islander descent?	<input type="text"/>		

Employment Details

StaffLink Number	<input type="text"/>
Position	<input type="text"/>
PGY	<input type="text"/>
Specialty	<input type="text"/>
Hospital	<input type="text"/>
LHD	<input type="text"/>
Modified Monash Model (MMM) Category*	<input type="text"/>

* Please refer to http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/content/MMM_locator. Note only applicants with an employment location in a rural area (MMM3-MMM7) are eligible to apply.

CPD Activity Details

Scholarship category of your continuing professional development (CPD) activity. Please see Application Guidelines for full details.

- ☐ Mandatory requirement
- ☐ Essential knowledge or skill
- ☐ Desirable knowledge or skill
- ☐ Leadership and management development

Name of CPD Activity	<input type="text"/>
CPD Provider	<input type="text"/>
Cost of CPD Activity	<input type="text"/>
Location	<input type="text"/>
Date (s)	<input type="text"/>

Anticipated benefit of CPD Activity and outline of the evidence provided to support your response.

Have you received/will you receive any alternative source of support/funding for the nominated CPD Activity?

Travel and Accommodation Details

Provide all relevant travel and accommodation details for the CPD Activity (if applicable).

Details of travel required

Estimated travel cost

Details of accommodation required

Estimated accommodation cost

Explanation if most cost-effective travel and accommodation options not chosen

Using the details provided, what is the **total** amount of scholarship funding requested?*

*Note total scholarship amount is capped at \$4,500 (incl. GST) and applies to the combined cost of both the CPD activity and travel/accommodation expenses directly incurred by the activity.

Payment Details

Bank Name Bank	<input type="text"/>
Branch Account	<input type="text"/>
Name	<input type="text"/>
BSB (6 digits)	<input type="text"/>
Account Number*	<input type="text"/>

*funds cannot be place into credit card accounts

Terms and Conditions:

The Health Education and Training Institute will rely on bank information supplied by applicants and is under no obligation to verify the above details.

The Health Education and Training Institute reserves the right to offset the amount of any over-payment made in error against any future debt or liability owing by the Health Education and Training Institute to you.

You agree to refund any funding to the Health Education and Training Institute for subjects that you have withdrawn or deferred from, and/or any payments credited to you in error.

You have read and understood the guidelines associated with this application as found on the Health Education and Training Institute website.

You will inform the Health Education and Training Institute if your CPD Activity is cancelled. You will participate in future evaluations of the application and administration process.

You understand that checks on the accuracy of information provided may be undertaken at any time. If your application is successful and you have been found to have supplied false or misleading information, you will no longer be entitled to the funding support and will be required to refund the funds awarded.

☐ I agree with the terms and conditions above.

Supporting Documents

Once you click the submit button, you will be directed to your mailbox where your completed application form will be added as an attachment. Relevant supporting documents should also be attached within this email prior to sending.

Please confirm you have the following supporting documents ready to be attached:

- ☐ Proof of Australian / New Zealand citizenship or permanent residency and;
- ☐ Document confirming current employment at a rural training facility with a contract of 9 months or greater. (i.e. Letter of offer from employer) and;
- ☐ Evidence of CPD activity (e.g. information flyer or email from the event organiser noting the following details: payment receipt, date, location, purpose and intended attendees of activity/event) and;
- ☐ Evidence to support priority for funding (e.g. sample of the training program curriculum which outlines CPD activity as a mandatory activity) and;
- ☐ A letter from Network Director of Training or Line Manager on Health Service letterhead containing the following:
 - Confirmation of their support for the nominated CPD activity
 - Priority of the nominated activity and;
- ☐ Quotes (minimum of two) and/or receipts for travel and accommodation expenses.

SUBMIT

Or save copy of form and email manually to HETI-RuralMedicalScholarships@health.nsw.gov.au

Note: HETI will email applicants to confirm receipt of their application. Due to a high volume of applications received, applicants should follow up if they have not received correspondence from HETI within 28 days of submitting their application.