# Timeline – Key Dates

# EIO applications open – Monday 9th September 2024

# EIO applications close – COB Monday 4th November 2024

# Application assessments – between 5th – 13th November

# Outcome notifications – by COB Wednesday 20th November

# Placements to be confirmed, commenced and completed – between notification and 13 June 2025

# Reimbursements/invoices to be lodged and paid – by 30 June 2025

This funding is for expenditure in the 2024-25 financial year only and any claims/receipts submitted after this time will not be able to be paid.

# A: Personal Details

## 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. |
| 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. |

|  |  |
| --- | --- |
|  Fellowship details | Year: Click or tap here to enter text.1. FACRRM [ ]  FRACGP [ ]  FRACGP-RG [ ]
 |
| Advanced Skill(s) already completed details: | 1. Choose an item.
2. Choose an item.
 |

# B: New Skill or Upskilling Placement Information

|  |  |
| --- | --- |
| Training Provider / LHN / Hospital Placement Location | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Confirm that you have spoken about this EOI to the placement location  | Yes [ ]  No [ ] Who did you speak to: Click or tap here to enter text.Date: Click or tap to enter a date. |

|  |  |
| --- | --- |
| Placement Supervisor/Primary Mentor |  Click or tap here to enter text.Email: Click or tap here to enter text.Mobile: Click or tap here to enter text. |
|  |  |
| Proposed Start date | Click or tap to enter a date. | End date | Click or tap to enter a date. |

Please provide details of the new skill or upskilling placement you’re seeking to undertake and how undertaking this placement will broaden your skillsets and benefit/support your local rural community.

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

Items for funding:

|  |  |  |
| --- | --- | --- |
| **Items** | **Amount applied for:** | **Does this include GST?Provide amount GST applied:** |
| 1. | Absence from practice | Click to enter amount. | Click to enter GST. |
| 2. | Travel | Click to enter amount. | Click to enter GST. |
| 3. | Accommodation | Click to enter amount. | Click to enter GST. |
| 4. | Other (please detail):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 $10,000 exclusive of GST.*

# C: 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 and confirm that:

* I am a Fellowed Rural GP or Rural Generalist;
* I have read the accompanying guideline information document prior to completing this application form;
* funding sought will be used for the purposes outlined in this application form;
* the information provided in this application form and all appended documents is complete and correct;
* funding applied for is not for retrospective costs;
* placement host sign-off will be provided at upskilling completion and participation in a short evaluation;
* 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 a payment; 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.

Please confirm you understand the following:

[ ]  I understand that this funding is for expenditure in the 2024-25 financial year only and any claims/receipts submitted after this time will not be able to be paid.

[ ]  I can confirm the placement can take place and be completed prior to 13th June 2025 and all claims/receipts will be submitted prior to 25th June 2025.

|  |  |
| --- | --- |
| 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. |