***Postgraduate***

***Training Grants: 2018***

***APPLICATION FORM***

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| *Important information to note when completing this application form* |

1. Applications will be considered on a case by case basis.
2. A maximum budget has been allocated by the Hub to fund Postgraduate Training Grants. The number of Grants that will be funded will depend on demand.
3. Annual Scientific Meetings are considered lower priority than practical skills or supervision training.
4. Funding will be provided on the basis of reimbursement of actual costs incurred up to a maximum of $10,000 per individual application. The direct purchase of training resources will be considered.
5. Successful applicants must provide all relevant original receipts for full reimbursement. Receipts must be in the form of a tax invoice showing the supplier’s name, address, ABN number and GST. Statutory Declarations will not be considered.
6. If an applicant attends an activity before being informed whether their application has been successful they do so at their own risk.
7. Grant funds do not cover costs associated with accompanying persons.

*NOTE: This is an electronic form. To enter details please click on a field where indicated with* ☞*and fill in the required details. Printed forms for handwritten applications are also available if required. Email* *rural.traininghub@utas.edu.au* *and a printed form will be sent to you for completion.*

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| *1. Applicant Details* |
| *Name:*  | ☞Click or tap here to enter text. |
| *Residential Address:* | ☞Click or tap here to enter text. |
| *Current Position:* | ☞Click or tap here to enter text. |
| *Preferred Contact details:* | ☞[ ]  Phone[ ]  Email | *Phone/Email*☞Click or tap here to enter text. |
| *Current work location:* | ☞*select from drop down list*Choose an item. | *If other, please specify*☞Click or tap here to enter text. |
| *Postgraduate Status:*  | ☞*select one*[ ]  Resident Medical Officer[ ]  Unaccredited Registrar[ ]  Accredited Registrar[ ]  Registered Specialist Medical Practitioner | *Specialty Area*☞Click or tap here to enter text.*For RMOs please specify the future area of specialty that you are interested in* ☞Click or tap here to enter text. |
| *2. Purpose of Application* |
| ☞*Please select from drop-down list*Choose an item. | *For course/workshop/training/event*Details/Title of Event: ☞Click or tap here to enter text.Provider: ☞Click or tap here to enter text.Location: ☞Click or tap here to enter text.Start Date: ☞*select date* Click or tap to enter a date.Start Time (if applicable): ☞Click or tap here to enter text.Finish Date:☞ *select date* Click or tap to enter a date.Finish Time (if applicable): ☞ Click or tap here to enter text.*If applicable, please supply a URL or flyer providing more information on the nominated activity**URL (if applicable):*☞Click or tap here to enter text.*For Training Resources**Please provide details of the training resource requested (include estimated cost under “other costs” in Budget section below)*☞Click or tap here to enter text. |
| *3. Relevance* |
| *Specific Learning Need/Relevance:* | *Please provide a brief outline of your learning plan and objectives*☞Click or tap here to enter text. |
| *Please provide a brief outline of how you expect this activity to assist you in meeting these learning objectives*☞Click or tap here to enter text. |
| *Supervisor Support:* | ☞*select one*[ ]  My Supervisor is supportive of my application [ ]  I have not yet discussed this application with my supervisor but I understand that I will need his/her support should my application be successful | ***NB****: Before your application can be approved, formal confirmation of support will be required from your supervisor* *Name of Supervisor*☞Click or tap here to enter text. |
| *4. Budget* |
| Please provide an estimated budget breakdown for all costs (GST inclusive) associated with your application up to a maximum amount of $10,000 i.e. workshop registration, travel, accommodation and meals or an estimated cost of resources. |
| *Registration Fees (if applicable):* | ☞$ Click or tap here to enter text. |
| *Airfares:* | *Only economy class air travel will be reimbursed*☞$Click or tap here to enter text. |
| *Other Travel:* | *Taxis between home/airport/location of activity identified in the Grant Application Form will be reimbursed.*☞$Click or tap here to enter text. |
| *Accommodation:* | *Overnight accommodation prior to an event will be reimbursed only where the travelling times makes it impractical to travel on the morning of the event or to return on the same day following the event.**Where overnight accommodation is required, a maximum of $287 per night will be reimbursed in accordance with ATO Determination TD 2017/19 of reasonable amounts for Australian State and Territory travel destinations for the 2017-18 income year.*Number of Nights: ☞ Click or tap here to enter text.☞$Click or tap here to enter text. |
| *Meals:* | *Amounts refundable for meals are as follows: Breakfast* ***up to*** *$29.45, Lunch* ***up to*** *$41.70 Dinner* ***up to*** *$58.35 as per the ATO Determination TD 2017/19 for the 2017-18 income year.*Breakfast/s: ☞ Click or tap here to enter text.☞$ Click or tap here to enter text.Lunch/es: ☞ Click or tap here to enter text.☞$ Click or tap here to enter text.Dinner/s: ☞ Click or tap here to enter text.☞ $ Click or tap here to enter text. |
| *Other Costs:* | ☞$Click or tap here to enter text. *eg Training Resources*☞$ Click or tap here to enter text.☞$ Click or tap here to enter text.*Additional information such as quotes from suppliers should be supplied if available* |
| *TOTAL* | ☞ *please add up all amounts listed above*$ Click or tap here to enter text. |

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| *Declaration* |
| I declare that:☞*Please acknowledge all of the following*[ ]  The information provided in this application about myself is true and correct.[ ]  The information above outlines an activity or resource which will support my training or develop my skills as a clinical supervisor.[ ]  I understand that if my application is successful, funding will be provided on the basis of reimbursement of actual costs incurred.[ ]  I understand that my release to attend any course, workshop, conference, meeting or training will be at the discretion of the medical staffing unit.[ ]  I understand that I am required to provide feedback to the Hub and my peers on completion of any training undertaken. **Feedback required**: Depending on the activity, feedback may include a written report or a presentation to peers upon return to the workplace. Details on the feedback requirements will be specified in your letter of offer should your application be successful. Signature: ☞Click or tap here to enter text. Date:☞ Click or tap to enter a date. |

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| **Privacy Statement:** The information provided by you in this application will be used to assess your eligibility to receive a Postgraduate Training Grant and for reporting and research purposes. Any information you have supplied in connection with your application will be dealt with in accordance with the National Privacy Principles of the Privacy Act 1988. |