flexible FUNDS Application Form

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| Applicant Details |
| Registrar |[ ]  **Supervisor** |[ ]  **Training Post** |[ ]
| Name |  |
| ACRRM Member number (if applicable) |  |
| Training Post | **Name** |  |
|  | **Address** |  |
|  | **State** |  | **Post Code** |  |

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| Bank Details (To be used for supervisor application categories only) |
| Account name  |  |
| Account number  |  |
| BSB |  |

| Support type | Preapproval  | Value ($) | Evidence attached(Tick for Yes) |
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| Registrar application categories |
| AST Mandatory Requirements  | Not required |  |[ ]
| Rurality incentive (detail of costs required below and receipts / quotes required to be supplied) | Not required |  | ☐ |
| Wellbeing support (receipts required to be supplied and / or support plan with relevant costs required) | Not required |  |[ ]
| Housing support (include rental agreement with rental period and rental amount) | Not required |  |[ ]
| Priority Placement (detail of costs required below and receipts / quotes required to be supplied) | Not required |  |[ ]
| Supervisor application categories |
| Travel and Accommodation (as requested by ACRRM) | Required |  |[ ]
| Work based assessment /site visit (pre - approved plan required) | Required |  |[ ]
| Professional Development (as per accredited placement) | Not required |  |[ ]
| Remote Supervision Teaching Allowance(pre - approved plan required)  | Required |  |[ ]
| Additional supervision/teaching (pre - approved supervision agreement & teaching plan required) | Required |  |[ ]
| Training Post application categories  |
| Rural Practice Training Support (detail of costs required below and receipts / quotes required to be supplied) | Not required |  |[ ]
| Additional support allowance (pre - approved plan required) | Required |  |[ ]
| Declaration  |
| Signature |  | **Date**  |  |

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| **Detail** |
| *Please provide sufficient detail to support your application detailing the intent of the funds that are being requested.* |

***IMPORTANT:***

***Once completed, please send to your regional team with email subject line: Flexible Funds Application (insert name)***

*NSW / ACT - training.nswact@acrrm.org.au*

*Qld - training.qld@acrrm.org.au*

*Vic - training.vic@acrrm.org.au*

*SA - training.sa@acrrm.org.au*

*WA - training.wa@acrrm.org.au*

*NT - training.nt@acrrm.org.au*

*Tas - training.tas@acrrm.org.au*

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| ACRRM OFFICE USE ONLY |
| Approved  |  |
| Comments |  |
| Reimbursement  | Approved / Declined  |
| Comments |  |