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) |
| --- | --- | --- | --- | --- |
| 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 |  |