flexible FUNDS Application Form

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

|  |  |
| --- | --- |
| 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 (as per training plan details below) | | Required |  |  |
| Rurality incentive (as per approved placement details below) | | Required |  | ☐ |
| Wellbeing support (add detail below) | | Required |  |  |
| Housing support (as per approved placement add detail below) | | Not required |  |  |
| Supervisor application categories | | | | |
| Travel and Accommodation (as requested ACRRM) | | Not required |  |  |
| Work based assessment /site visit (as requested ACRRM) | | Not required |  |  |
| Professional Development (as per accredited placement) | | Not required |  |  |
| Remote Supervision Teaching Allowance  (Pre- approved supervision agreement & teaching plan) | | Required |  |  |
| Additional supervision/teaching (ACRRM Approved support and teaching plan required) | | Required |  |  |
| Training Post application categories | | | | |
| Rural Practice Training Support  (Payment subject to prior approval of planned activities) | | Required |  |  |
| Additional support allowance  (ACRRM Approved Support Plan required) | | Required |  |  |
| Declaration | | | | |
| Signature |  | **Date** |  | |

|  |
| --- |
| **Detail** |
|  |

***IMPORTANT:***

***Once completed, please send to*** [***payments@acrrm.org.au***](mailto:payments@acrrm.org.au) ***with email subject line:***

***Flexible Funds Application***

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