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** |  |

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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 (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 |  |[x]
| 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** |  |

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| **Detail** |
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***IMPORTANT:***

***Once completed, please send to*** ***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 |  |