



**Australian College of  
Rural and Remote Medicine**

**Phone: 1800 223 226 FAX: 07 3105 8299**

**Rural Locum Education Assistance Program (LEAP)**

**CLAIM FORM**

To claim under the Rural Locum Education Assistance Program, **complete and sign** this form and **fax to ACRRM** with your **Certificate of Attendance**. (Please note: ACRRM cannot process claims without a Certificate of Attendance).

**NAME:** \_\_\_\_\_ **EVENT DATE(s):** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**On reflection, what did you gain from this event?**

(Please tick as many as appropriate)

- Gained additional knowledge
- Gained new clinical and practical skills
- Improved my existing clinical and practical skills

Other (please describe) \_\_\_\_\_

**The quality of the teaching in this event was**

- excellent                       good                       average                       poor

**The range of clinical activities in this event was**

- excellent                       good                       average                       poor

**The overall quality of your learning experience at this event was**

- excellent                       good                       average                       poor

**Would you recommend this activity to others?**                       Yes                       No

**Do you have any additional comments?**

\_\_\_\_\_  
\_\_\_\_\_

**I have included my Certificate of Attendance with this claim form**                       Yes                       No

Please note: payment of training incentive will be directly deposited into your nominated account upon notification to ACRRM of your first 10 days of locum placement.

I authorise payment of the Rural Locum Education Assistance Program for my attendance and completion of this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to: ACRRM Rural Locum Education Assistance Program – Fax: 07 3105 8299 – Enquiries: 1800 223 226**