



Rural Procedural Grants Program
ACRRM CLAIM FORM
(WORKSHOPS, SEMINARS ETC)

Please tick **ONE** of the following disciplines to claim this activity under the Rural Procedural Grants Program

Obstetrics

Surgery

Anaesthetics

Emergency Medicine

Please complete this form to authorise payment of the Rural Procedural Grants Program grant and return with your **Certificate of Attendance**. Please note – supporting evidence is mandatory for your claim to be approved.

NAME: _____

DATE ATTENDED: _____

ACTIVITY NAME: _____

On reflection, what did you gain from this seminar / workshop / conference / 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

I authorise payment of the Rural Procedural Grants Program grant for my attendance and completion of this activity.

Signature: _____

Date: _____

Send to: ACRRM Rural Procedural Grants Program – Fax: 07 3105 8299 by 20th of each month.
Claims received AFTER 20th of each month will be processed the following month. Enquiries: 1800 223 226