

Application Form – Flexible Funds

Applicant details					
Registrar	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>	Training Post	<input type="checkbox"/>
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	Not required		<input type="checkbox"/>
Rurality incentive (detail of costs required below and receipts / quotes required to be supplied)	Not required		<input type="checkbox"/>
Wellbeing support (receipts required to be supplied and / or support plan with relevant costs required)	Not required		<input type="checkbox"/>
Housing support (include rental agreement with rental period and rental amount)	Not required		<input type="checkbox"/>
Priority Placement (detail of costs required below and receipts / quotes required to be supplied)	Not required		<input type="checkbox"/>

Support type	Preapproval	Value (\$)	Evidence attached (Tick for Yes)
Supervisor application categories			
Travel and Accommodation (as requested by ACRRM)	Required		<input type="checkbox"/>
Work based assessment /site visit (pre - approved plan required)	Required		<input type="checkbox"/>
Professional Development (as per accredited placement)	Not required		<input type="checkbox"/>
Remote Supervision Teaching Allowance (pre - approved plan required)	Required		<input type="checkbox"/>
Additional supervision/teaching (pre - approved supervision agreement & teaching plan required)	Required		<input type="checkbox"/>
Training Post application categories			
Rural Practice Training Support (detail of costs required below and receipts / quotes required to be supplied)	Not required		<input type="checkbox"/>
Additional support allowance (pre - approved plan required)	Required		<input type="checkbox"/>
Declaration			
Signature		Date	

Detail

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	WA - training.wa@acrrm.org.au
QLD - training.qld@acrrm.org.au	NT - training.nt@acrrm.org.au
Vic - training.vic@acrrm.org.au	Tas - training.tas@acrrm.org.au
SA - training.sa@acrrm.org.au	

ACRRM OFFICE USE ONLY	
Approved	
Comments	
Reimbursement	Approved / Declined
Comments	