ACRRM

Application Form – Flexible Funds

Applicant details						
Name						
Registrar	☐	Supervisor	☐	Training Post	☐	
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	

REGISTRAR APPLICATION CATEGORIES

Refer to ACRRM Flexible Funds Guidelines for more information about individual payment types.

Support type	Tick if applying	Claim amount ($)	Supporting documentation
AST requirements	No application required - paid automatically if eligible.		
Rural Placement Support	☐		Required - refer to guidelines
Rurality incentive (A) Relocation	☐		Required - refer to guidelines
Rurality incentive (B) Respite	☐		Required - refer to guidelines
Rurality incentive (C) Medical Care	☐		Required - refer to guidelines
Remote Training Cost Support	☐		Required - refer to guidelines
Wellbeing Support	☐		Required - refer to guidelines
Housing Support	☐		Required - refer to guidelines
Priority Placement (A) Relocation	☐		Required - refer to guidelines
Priority Placement (B) Medical Care	☐		Required - refer to guidelines

SUPERVISOR APPLICATION CATEGORIES Refer to ACRRM Flexible Funds Guidelines for more information about individual payment types.			
Support type	**Tick if applying**	**Claim amount ($)**	**Supporting documentation**
AST: Work Based Formative Assessment and Progress Reports	☐		Required - refer to guidelines
Travel and Accommodation	☐		Required - refer to guidelines
Professional Development	No application required - paid automatically if eligible.		
Work Based Assessment/Site Visit	☐		Required - refer to guidelines
Remote Supervision Teaching Allowance	☐		Required - refer to guidelines
Additional Supervision/Teaching	☐		Required - refer to guidelines

TRAINING POST APPLICATION CATEGORIES Refer to ACRRM Flexible Funds Guidelines for more information about individual payment types.			
Support type	**Tick if applying**	**Claim amount ($)**	**Supporting documentation**
Rural Practice Training Support	☐		Required - refer to guidelines
Additional Support Allowance	☐		Required - refer to guidelines

Please add any additional detail to support your application

Declaration	
Signature:	**Date:**

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