

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	
BSB & Account number	
BSB	

☐ I certify that this application is not funded or being considered under any other funding program.

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

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 NT - training.nt@acrrm.org.au
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