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	
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

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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