

Study leave incentive application form

Purpose

The Study Leave Incentive can be claimed once per training semester and must relate to study leave that has already been taken. Applications can be submitted at the end of the semester.

An AGPT registrar is eligible for up to 5 days (38 hours) of Study Leave Incentive per training year (12-month period of approved training within the ACRRM RG Fellowship Program, comprising **two semesters of 26 weeks each (total of 52 weeks)**). The Study Leave Incentive will be paid pro-rata as per the registrar's FTE and at the corresponding base rate in the **National Terms and Conditions for the Employment of Registrars (NTCER)**, plus 10% in lieu of billings, plus an amount equal to superannuation (12% as at July 2025). Registrars will be responsible for their own income tax and superannuation contributions. The payment rate will be updated to reflect changes to the base rates set out in the NTCER.

Evidence requirements

For structured study or professional development (PD) activities taken outside of work hours (e.g. conferences, workshops or formal courses), evidence of participation or enrolment is required. Registrars must also provide a brief statement outlining the relevance and appropriateness of the activity to their training and/or how it contributes to their professional development. If this evidence is not provided, or if the activity is not considered to be relevant to GP training, ACRRM may not approve the payment.

For leave taken during work hours, registrars must provide evidence to ACRRM that their leave has been approved by their employer and/ or supervisor. Evidence of activity is not required.

Personal details

Registrar name	
ACRRM membership number	
Date of application	
Placement location (name)	



Details of study leave

Please list each type (outside work hours or during regular work hours) of study leave separately, including partial-day leave. Use the table below to record the date, time, and purpose. See examples below.

Date of Leave (DD/MM/YYYY)	Was this leave taken as partial days? (Yes/No - If yes, advise hours. If no advise days)	Was this leave taken outside your regular work hours?	Purpose of leave	Evidence supplied (approval from employer or evidence of PD taken)
<i>E.g.</i> 20/03/2026	<i>Yes</i> 10 hour	<i>No</i>	<i>Exam prep, 2 hours a week for 5 weeks</i>	<i>email showing approval of the study leave plan</i>
23/03/2026 - 24/03/2026	No 2 days	Yes	StAMPS prep workshop	Certificate of attendance

Total days of leave: _____

Total hours of leave: _____



Registrar declaration

I acknowledge and declare the following with respect to my eligibility and obligations regarding the study leave incentive:

- I hereby declare that the information provided by me on this form is true and complete to the best of my knowledge.
- I am not entitled to paid study, exam or professional development leave (or equivalent) with my current employer.
- I confirm my employer and/or supervisor approved this leave.
- I have provided appropriate supporting documentation to verify my application.
- I understand that I may be required to supply additional information to support my application if requested by ACRRM before payment can be made and may be subject to audit by ACRRM and/or the department.
- I understand that I may be requested to provide information on my application for a period of up to 5 years or 12 months after fellowship, whichever is longer. I understand that I need to keep appropriate records during this time and will cooperate fully with any requests.
- I will promptly report any incorrect incentive payments received during my participation in the program.
- I will inform ACRRM in a timely manner if I intend to withdraw from the ACRRM RG Fellowship Program, or if my circumstances change and I may not be able to continue the training program.
- I understand that providing false, incomplete or misleading information in this declaration may result in disciplinary action, repayment of study leaves incentive funds, and/or legal proceedings.

By signing this declaration, I have read, understood and accept the eligibility requirements and obligations associated with the study leave incentive.

Signature

Date



Please submit this form and any supporting evidence to your regional team:

New South Wales	Training.nswact@acrrm.org.au
Northern Territory	Training.nt@acrrm.org.au
Queensland	Training.qld@acrrm.org.au
South Australia	Training.sa@acrrm.org.au
Tasmania	Training.tas@acrrm.org.au
Victoria	Training.vic@acrrm.org.au
Western Australia	Training.wa@acrrm.org.au

Office use only

Training Program Advisor name	
Hours* eligible for study leave incentive	
Comments	
Date	
Approved	
Medical Educator name	
Reviewed	
Comments	
Date	

* Please note 1 day is 7.6 hours of study leave