

Continuing Professional Development (CPD) for Rural Allied Health Practitioners Subsidy Program 2011 2012

Administered by the Victorian Healthcare Association

Applicant Details

Title Miss Ms Mrs Mr Dr Other _____

Given Name(s) _____

Surname _____

Street Address _____

City _____ State _____ Postcode _____

Telephone _____ Email _____

Employment Details

Agency _____

Street Address _____

City _____ State _____ Postcode _____

Telephone _____ Email _____

Please forward correspondence to my: Home address Work address

Qualifications

State your allied health profession; please refer to the list of eligible health professionals in the guidelines.

Conference Details

Title _____

Theme _____

Organisers _____

Date(s) _____

Location _____

Application Checklist

In support of your application please provide the following information:

- **A letter of reference and support from your Supervisor, Manager or CEO.**
- **A copy of the official conference, seminar or course brochure.**
- **A brief outline of:**
 - **The support your agency is providing towards your application.**
 - **The relevance of the training to your practice and the community's health needs.**
 - **Your ongoing commitment to rural health practice and/or development.**
 - **The need for funding to enable participation in conference or skills education event.**

Conference, seminar or course costs

Registration Fee	\$
Travel costs	\$
Accommodation costs	\$
Childcare costs	\$
Total Cost	\$

Please include supporting evidence for all costs

Travel Type (& distance in km’s if by car) _____

Number of nights Accommodation _____

Number of days Childcare _____

Funding Source

Funding sought from CPD Subsidy Program	\$
Personal contribution	\$
Employer contribution	\$
Other (please describe)	\$
Total Funding	\$

Total Cost should equal Total Funding

Declaration

In submitting this application to the Rural Professional Improvement Assistance Fund in accordance with the guidelines, I agree to share the knowledge and experience gained from the subsidised activity with my colleagues and the community on a broad basis; **and to participate in an evaluation of the program if requested.**

Signature of Applicant _____ Date of Application / /

Office Use Only	
Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
CPD Subsidy Program amount approved	\$ _____
Authorised _____	Date / /
Copies of invoices received <input type="checkbox"/> Authorised for payment _____	Date / /

