

Application Form 2009/2010

Please read the relevant application guidelines before completing this form

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

Project funded by DHS

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 active involvement in rural health for at least 12 months.
 - Your ongoing commitment to rural health practice and/or development.
 - The need for funding to enable participation in conference or skills education event.



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CPD) FOR CONTINUING PROFESSIONAL DEVELOPMENT (RURAL ALLIED HEALTH PRACTITIONERS
SUBSIDY PROGRAM - APPLICATION FORM

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	\$

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 No

CPD Subsidy Program amount approved
\$ _____

Authorised _____ Date / /

Copies of invoices received Authorised for payment _____ Date / /



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