

## **Health Workforce Scholarship Program**

### **Application Form**

#### **Important Information**

- Information that you provide on this application form and in the additional requested documents is the only information that will be considered in the selection and ranking process.
- It is very important that you make sure you have provided all the relevant information for each relevant section on this form. Incomplete applications will not be considered.
- The number of scholarships and bursaries awarded is subject to available funds and scholarship values, which will be determined against the perceived workforce benefit of the specified course.
- For the purposes of taxation, money from the scholarship scheme may be considered as income. Please seek advice from your accountant.
- Courses and activities related to a bursary application do not need to be accredited but will be assessed by RWAV for relevance, value for money and the likelihood to meet the identified learning need.
- Scholarships and bursaries will not be available for: retrospective costs, overseas expenses, study funded by other sources, or training for health professionals employed solely by the Victorian government.

#### **Application Form Instructions**

- All supporting documentation is to be scanned and attached to the email with the application form.
- Please do not send originals of any supporting documentation requested, as these documents will not be returned to you.
- Read the Health Workforce Scholarship Guidelines carefully before filling in the application form.

#### **Health Workforce Scholarship Program timelines:**

Applications may be submitted throughout the financial year.

## **Section A – Applicant Details**

Correspondence will be sent primarily via email to personal addresses – Please ensure you have provided the correct details

Title

First Given Name

Middle Name

Surname

Date of Birth

Telephone (home)

Telephone (mobile)

Email Address (personal)

**Address Details** - Please include correct mailing address for correspondence

### **Postal address**

City

State

Postcode

**Street address** (if different to above)

Are you of Aboriginal or Torres Strait Islander descent? Yes      No

How did you hear about the Health Workforce Scholarship Program (HWSP)?

**Employment Details**

**Current Employer**

Street

City

State

Postcode

Telephone (work)

Email Address (work)

Discipline

Position held

AHPRA Registration number (if applicable)

Date commenced with current employer

If you have not yet commenced you must provide an employment contract signed by all parties with a definitive start date within three months of your application being submitted.

**Section B – Eligibility**

Is your profession listed in the guidelines under the eligible professions?      Yes      No

Are you currently working in an MMM 3–7 classified rural location? Or, have you been offered employment to work in an MMM 3-7 classified rural location in the future?

Yes      No

Are you currently employed at least 0.6 FTE or six sessions a week in medicine, nursing or allied health?

Yes      No

Are you employed in private practice?

Yes      No

Does this course meet a community need?

Yes      No

Have you received any other financial assistance to complete this course?

Yes      No

## **Section C – Postgraduate Course or Training**

Course title:

Education institute:

Start and end date of course:

Do you intend to study:            Full-time                            Part-time

### **Mode of Study:**

Off campus/Distance education:

On campus:

Combination of distance and on campus:

### **Previous Qualifications Completed:**

Course:

University:

Year completed:

### **Anticipated Expenditure:**

Registration fee:

Travel:

Accommodation costs:

Other related expenses:

## **Section D– Application Support Documents**

### **Supporting documentation:**

Please attach these documents to your application form in the following order:

1. A statement explaining the relevance of your study to your current role and how this meets community need;
2. Current Curriculum Vitae or brief description of work history including practice(s), locations(s) and timeframes(s);
3. Evidence of employment, including that your employment is not solely funded by the State Government of Victoria; and
4. Full information regarding the course to be undertaken.

### **If you do not currently work in an MMM 3-7 location, but intend to, you also need to provide:**

1. A service agreement or an employment agreement reflecting future employment in an MMM 3-7 location.

## Section E - Declaration

I have read and understood the Health Workforce Scholarship Program guidelines.

I declare that the information supplied by me in this application is true and correct.

I authorise Rural Workforce Agency Victoria to seek details from the tertiary or education institution at which I am enrolled.

I agree to be case managed by RWAV throughout the duration of my scholarship/bursary activity.

I agree to reimburse relevant monies to RWAV if I fail to fulfil my agreed contract.

I agree to future contact from the Rural Workforce Agency Victoria in relation to evaluation of program outcomes.

Name of Applicant

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Signature of Applicant

Date

Name of Witness

Address of Witness

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Signature of Witness

Date

### Submission

Send completed applications and information to: [Grants@rwav.com.au](mailto:Grants@rwav.com.au)

### Privacy Collection Statement

All personal information received by us from you or about you and your organisation will be stored, used and disclosed by us in accordance with our privacy policy, a copy of which can be found on our website at [www.rwav.com.au/privacy-policy](http://www.rwav.com.au/privacy-policy). If you have any questions in relation to how we may use and store your personal information please contact us.

## CLIENT EFT BANK ACCOUNT REGISTRATION

Rural Workforce Agency, Victoria, RWAV has the capacity to pay our creditor accounts by Electronic Funds Transfer (EFT) directly to nominated bank accounts. An EFT advice will be forwarded by fax or email within three working days that the transfer is made. RWAV will keep your account information strictly confidential, and will only be used for the purpose of payment of your accounts. If you would like to have your accounts paid by EFT, please complete the following information and fax this form to **(03) 9820 0401** or email it to [info@rwav.com.au](mailto:info@rwav.com.au).

<b>RWAV – Financial Operations Use Only</b>			
<b>Approved by:</b>		<b>Client Code:</b>	
<b>Position/ Title:</b>		<b>Date Received:</b>	
<b>Signature:</b>		<b>Date Approved:</b>	

### CLIENT INFORMATION:

Name:

Postal Address:

Telephone:

Fax number:

Email:

Registered for GST Yes No  
 If yes, please provide ABN ABN:

### BANK DETAILS:

Company Account Name:  
or Account Name:

BSB number:

Account Number:

Bank Name:

### AUTHORISATION:

I or on behalf of our Company, elect to receive payment(s) paying to us by EFT to our nominated bank account.

<b>Name:</b>		<b>Signature:</b>	
<b>Position/ Title:</b>		<b>Date:</b>	