

Royal Australian College of General Practitioners

# RACGP Rural

Rural Procedural Grants Program User Guide – Applications

March 2021

Healthy Profession. Healthy Australia.



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# **Application Process**





When you click on the Application link on the RACGP RPGP web page, you'll be taken to a screen that looks like this.

Click on the "RG Application Form" button to continue.



# Completing your personal details

Iral Grants Application Form	Submit
~ Purpose	
This application form is to be read and completed in conjunction with the <i>Rural Procedural Grant Guidelines - July 2011.</i> On completion please ensure you sub form with the relevant documentation. The information contained in the completed application form will be treated confidentially and stored securely. <b>Part A: GP Details</b>	bmit this
All applicants are required to complete this section.	
Title *	
Given Name *	
Family Name *	
RACGP ID (if applicable)	
<ul> <li>Practice Name and Address</li> </ul>	
Address *	
City/Town *	
State *	
Post Code *	
Postal Address (if different from above)	
<ul> <li>Contact Details</li> </ul>	
Dhone *	

Complete your personal details, including your RACGP ID if you have one.

(Fields marked with a \* are mandatory.)

Scroll down to complete your contact details and continue with your application.



## Select which component you are applying for

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Phone *         Mobile *         Email *         Descendence         > Arr B         Person *         > 1 - Surgery, Ansetthetics, Obstetrics         > 2. Emergency Medicine, Emergency Mental Health         > 1 - 2         I obtained my MBBS (or equivalent) from *         > 10 table of the sectors         Person         Recognition as a current unsupervised provider of procedural services as defined in the guidelines is demonstrated by the attached documentation (e.g. evidence of current unsupervised provider of procedural services as defined in the guidelines is demonstrated by the attached documentation (e.g. evidence of current unsupervised procedural services as defined in the guidelines is demonstrated by the attached documentation (e.g. evidence of current unsupervised procedural service or hospital credentialing committee.         Part C         Al applicants are required to complete this section         Understand that the Royal Australian College of General Practitioners (RACGP) may;         • access information regarding the training 1 have undertaken as part of this Program;         • provide information livelish may include identifying information relating to this application to the Department of Health for statistical, evaluation, research end/or policy development purposes.         Understand that It may be necessary for these organisation to discuss the above issues with one another.         Certification         Interest	Contact Details	
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I certify that the statements made in this application are, to the best of my knowledge, true and correct.	Certification	
Name *	l certify that the statements made in this application ar	e, to the best of my knowledge, true and correct.
	Name *	

In Part B of the form, select the component you are applying for.

Depending on which component you select, the form will open up the relevant fields for you to complete.



### Applying for a grant in Surgery, Anaesthesia and/or Obstetrics

· · · · · · · · · · · · · · · · · · ·		
ontact Details		
Phone *		
Mobile *		
Email *		
Email *		
art B		
Please advise which component you are applying for.*		
1 - Surgery, Anaesthetics, Obstetrics		
2 - Emergency Medicine, Emergency Mental Health		
0 1&2		
Surgery		
Anaesthetics		
Obstetrics		
l obtained my MBBS (or equivalent) from *		
SURGERY: I obtained my primary training or qualification from		
ANAECTHETICS: Lobtained my primary training or qualificatio	from	
ANALSTITETICS. Footamenting primary training of quanticatio	Tom	
OBSTETRICS: I obtained my primary training or qualification f	m	
L		

Please complete details of where you obtained your qualification/s for the component/s you are applying for.



#### Applying for a grant in Emergency Medicine and/or Emergency Mental Health

ural	Grants Application Form
~ <b>c</b>	Contact Details
	Phone *
	Mobile *
	Email *
~ P	Part B
	Please advise which component you are applying for.*
	1 - Surgery, Anaesthetics, Obstetrics
	2 - Emergency Medicine, Emergency Mental Health     1     1     1     2     -     Emergency Medicine, Emergency Mental Health     1
	0 1&2
	Emergency Medicine
	Emergency Mental Health
	I obtained my MBBS (or equivalent) from *
	EMERGENCY MEDICINE: I obtained my primary training or qualification from
	EMERGENCY MENTAL HEALTH: Please ensure your Emergency Mental Health documentation is attached. Type 'Yes' to confirm.
	Recognition as a current unsupervised provider of procedural services as defined in the guidelines is demonstrated by the attached documentation (e.g evidence of current unsupervised practise/clinical privileging/certification of scope of practise) from your Area Health Service or hospital credentialing committee.
~ P	
	All applicants are required to complete this section
	l understand that the Royal Australian College of General Practitioners (RACGP) may;
	access information regarding the training I have undertaken as part of this Program:
	provide reports regarding the training lattend: and
	<ul> <li>provide information (which may include identifying information) relating to this application to the Department of Health for statistical, evaluation, research and/or policy development purposes.</li> </ul>

Please complete details of where you obtained your qualification.

**Reminder: -** to apply for the Emergency Mental Health grant, you must also apply for the Emergency Medicine grant.

You cannot apply for the Emergency Mental Health grant on its own. However, you can apply for the Emergency Medicine grant without the Emergency Mental Health component if you wish.



 $\wedge$ 

#### Applying for a grant in both components of the scheme

Part B
Please advise which component you are applying for.*
<ul> <li>1 - Surgery, Anaesthetics, Obstetrics</li> </ul>
2 - Emergency Medicine, Emergency Mental Health
1 & 2
Surgery
Anaesthetics
Obstetrics
Emergency Medicine
Emergency Mental Health
l obtained my MBBS (or equivalent) from *
SURGERY: I obtained my primary training or qualification from
ANAESTHETICS: I obtained my primary training or qualification from
OBSTETRICS: I obtained my primary training or qualification from
EMERGENCY MEDICINE: I obtained my primary training or qualification from
EMERGENCY MENTAL HEALTH: Please ensure your Emergency Mental Health documentation is attached. Type 'Yes' to confirm.

Recognition as a current unsupervised provider of procedural services as defined in the guidelines is demonstrated by the attached documentation (e.g evidence of current unsupervised practise/clinical privileging/certification of scope of practise) from your Area Health Service or hospital credentialing committee.

Please complete details of where you obtained your qualification/s for the component/s you are applying for.

**Reminder:-** to apply for the Emergency Mental Health grant, you must also apply for the Emergency Medicine grant.

You cannot apply for the Emergency Mental Health grant on its own. However, you can apply for the Emergency Medicine grant without the Emergency Mental Health component if you wish.



### Certification and attaching documentation

#### **Rural Grants Application Form**

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A Part C

All applicants are required to complete this section

I understand that the Royal Australian College of General Practitioners (RACGP) may;

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- provide reports regarding the training l attend; and
- provide information (which may include identifying information) relating to this application to the Department of Health for statistical, evaluation, research and/or
  policy development purposes.

I understand that it may be necessary for these organisation to discuss the above issues with one another.

#### Certification

I certify that the statements made in this application are, to the best of my knowledge, true and correct.

	Name *
	I am a Registrar
	(For Registrars one. The end date of my training is)
~ A	Ittachments
	Please ensure the following document are submitted with your Rural Grant application form

A credentialing letter stating your unsupervised clinical privileges outlining your scope of practice also the duration of this credentialing.\*

A letter of employment stating that you are employed to provide emergency, anaesthetic, obstetric or surgical services and the duration of the contract.

An on call roster with your name listed for your relevant department/s.

If you are applying for Emergency Mental Health please submit a letter from your Hospital/area health service stating you are responsible for providing emergency mental

Please complete your name to certify the details you have entered.



### Ensure all required attachments are included

<form></form>	ural Grants Application Form	Submit
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Please complete the check boxes and add your attachment/s. You can either drag your attachment into the box or click on the "Add" button to add a file.



#### Declaration, Security Question and Form submission

Grants Application Form
An on call roster with your name listed for your relevant department/s.
If you are applying for Emergency Mental Health please submit a letter from your Hospital/area health service stating you are responsible for providing emergency mental
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For a Locum:
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<ul> <li>Attachment Items</li> </ul>
Attachments
Drag new attachments here ••• + Add
You will be advised of your eligibility for this program. If you require further information please contact RACGP on 1800 636 764
I confirm the above mentioned information is true and correct*
I have attached evidence of my recognition as a current unsupervised provider of relevant services as requested.*
I declare that I am only registered with one college for grants purposes and am not currently registered in the RPGP through ACRRM.*
Security Question: What is your mother's maiden name? *
Date *

Complete the declaration, fill out the answer to the security question and add the date. To submit your form, click on the "Submit" button in the top right corner of the page.





Click on "Done" to be taken back to the Home screen for Applications.



# What happens next?

Your application will be reviewed by the RPGP team as soon as possible. You will receive an email within 14 days confirming your registration in the program or if more information is needed to complete your registration.

Instructions, including your log in details for the RPGP Claims process will be issued with your confirmation of registration. Please keep your log in details in a safe place as you will need this number every time you log into make a claim.

## Support

Contact us on 1800 636 764 | rural.procedural.grants@racgp.org.au