



RACGP

Royal Australian College of General Practitioners

RACGP Rural

Rural Procedural Grants Program

User Guide – Applications

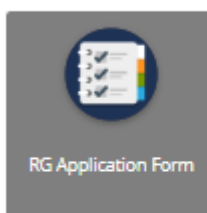
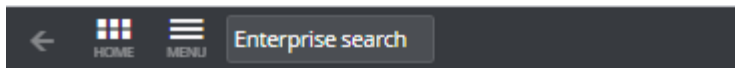
March 2021

Healthy Profession.
Healthy Australia.

Contents

Application Process	3
Part A: Completing your personal details.....	4
Part B: Select which component you are applying for	5
Applying for a grant in Surgery, Anaesthesia and / or Obstetrics.....	6
Applying for a grant in Emergency Medicine and / or Emergency Mental Health.....	7
Applying for a grant in both components of the scheme.....	8
Part C: Certification and attaching documentation	9
Ensure all required attachments are included	10
Declaration, Security Question and Form submission	11
What happens next?	13
Support	13

Application Process



When you click on the Application link on the RACGP RGP 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

Rural Grants Application Form Submit

^ Purpose

This application form is to be read and completed in conjunction with the *Rural Procedural Grant Guidelines - July 2011*. On completion please ensure you submit this form with the relevant documentation.

The information contained in the completed application form will be treated confidentially and stored securely.

^ Part A: GP Details

All applicants are required to complete this section.

Title *

Given Name *

Family Name *

RACGP ID (if applicable)

^ Practice Name and Address

Address *

City/Town *

State *

Post Code *

Postal Address (if different from above)

^ Contact Details

Phone *

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

Rural Grants Application Form Submit

^ Contact Details

Phone *

Mobile *

Email *

^ Part B

Please advise which component you are applying for.*

1 - Surgery, Anaesthetics, Obstetrics

2 - Emergency Medicine, Emergency Mental Health

1 & 2

I obtained my MBBS (or equivalent) from *

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.

^ Part C

All applicants are required to complete this section

I 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 I 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 *

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

Rural Grants Application Form Submit

Postal Address (if different from above)

^ **Contact Details**

Phone *

Mobile *

Email *

^ **Part B**

Please advise which component you are applying for.*

1 - Surgery, Anaesthetics, Obstetrics

2 - Emergency Medicine, Emergency Mental Health

1 & 2

Surgery

Anaesthetics

Obstetrics

I 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

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.

^ **Part C**

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

Rural Grants Application Form Submit

^ Contact Details

Phone *

Mobile *

Email *

^ Part B

Please advise which component you are applying for.*

1 - Surgery, Anaesthetics, Obstetrics

2 - Emergency Medicine, Emergency Mental Health

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.

^ Part C

All applicants are required to complete this section

I 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 I 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.

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.

Applying for a grant in both components of the scheme

^ Part B

Please advise which component you are applying for.*

- 1 - Surgery, Anaesthetics, Obstetrics
 2 - Emergency Medicine, Emergency Mental Health
 1 & 2

Surgery

Anaesthetics

Obstetrics

Emergency Medicine

Emergency Mental Health

I 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

Submit

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

Part C

All applicants are required to complete this section

I 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 I 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)



Attachments

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

Rural Grants Application Form Submit

^ Attachments

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 health services crisis intervention in patients presenting with acute mental health issues in the emergency department.

For a Locum:

- A credentialing letter stating your unsupervised clinical privileges and scope of practice also the duration of this credentialing from one of the hospitals you attend.
- A letter of employment stating the dates and locations of your placements and the services you provided for current financial year. The services you provided must also indicate if you were on an on-call roster. The minimum requirements are 28 days.

^ Attachment Items

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

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

Rural Grants Application Form Submit

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 health services crisis intervention in patients presenting with acute mental health issues in the emergency department.


For a Locum:

A credentialing letter stating your unsupervised clinical privileges and scope of practice also the duration of this credentialing from one of the hospitals you attend.

A letter of employment stating the dates and locations of your placements and the services you provided for current financial year. The services you provided must also indicate if you were on an on-call roster. The minimum requirements are 28 days.

^ Attachment Items

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 RGP 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.



Form Submitted

Thank you for your submission.

DONE

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 RPPG 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