



RACGP

Royal Australian College of General Practitioners

RACGP Rural

Rural Procedural Grants Program

User Guide – Claims

March 2021

Healthy Profession.
Healthy Australia.

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Claim process

Log on using your details

User name or email address

Password

Log On

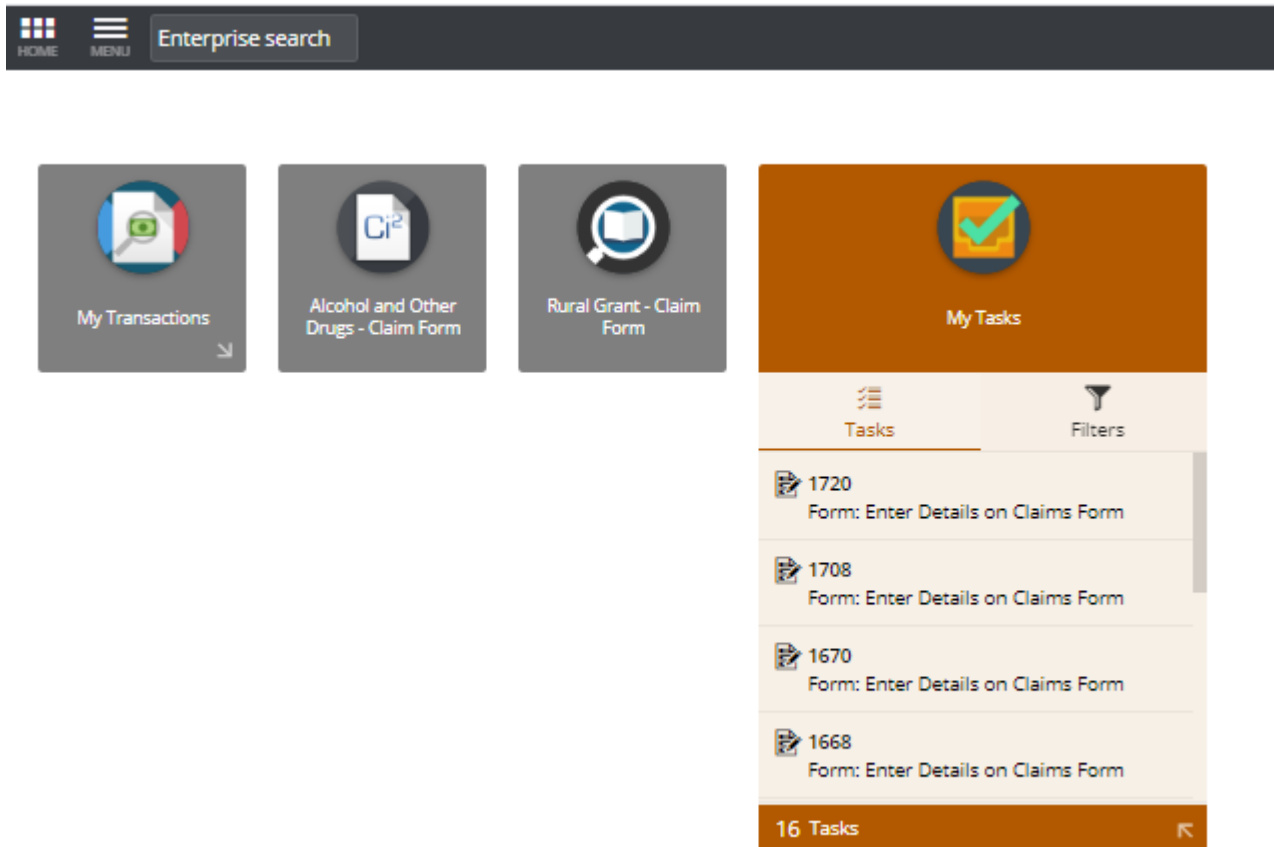
Keep me logged on Accessibility Mode 

[Forgotten password?](#)

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

On your first logon to the system, logon using the email address you supplied during the application process and the password that was sent to you. You'll be required to set a new password.

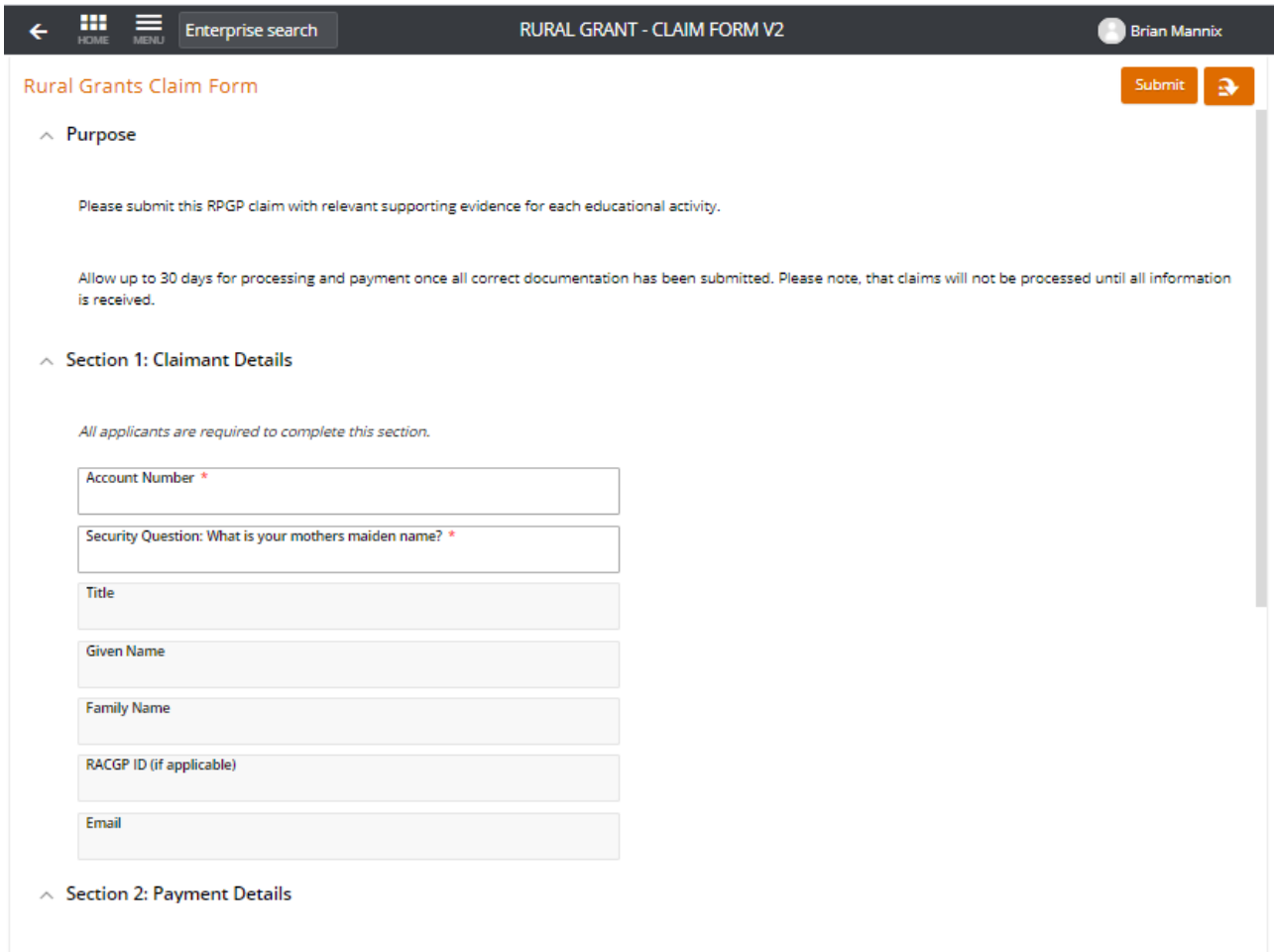
For subsequent logons, signing in with your email address and password will take you to the Claim form screen.



When you logon to the Claims portal, you'll be taken to a screen that looks like this.

Click on the "Rural Grant - Claim Form" button to continue.

Section 1: Claimant Details



← HOME MENU Enterprise search RURAL GRANTS CLAIM FORM V2 Brian Mannix

Rural Grants Claim Form

Submit

^ Purpose

Please submit this RGP claim with relevant supporting evidence for each educational activity.

Allow up to 30 days for processing and payment once all correct documentation has been submitted. Please note, that claims will not be processed until all information is received.

^ Section 1: Claimant Details

All applicants are required to complete this section.

Account Number *

Security Question: What is your mothers maiden name? *

Title

Given Name

Family Name

RACGP ID (if applicable)

Email

^ Section 2: Payment Details

This is the Rural Grants Claim form
(Fields marked with a * are mandatory.)

Account Number and Security Question

← HOME MENU Enterprise search RURAL GRANT - CLAIM FORM V2 Brian Mannix

Rural Grants Claim Form Submit ↻

^ Purpose

Please submit this RGP claim with relevant supporting evidence for each educational activity.

Allow up to 30 days for processing and payment once all correct documentation has been submitted. Please note, that claims will not be processed until all information is received.

^ Section 1: Claimant Details

All applicants are required to complete this section.

Account Number *
00198

Security Question: What is your mothers maiden name? * 74
Murray

Title

Given Name

Family Name

RACGP ID (if applicable)

Email

^ Section 2: Payment Details

I consent to the personal information contained in my application being used in accordance with the [Privacy Collection Statement](#) and [RACGP Privacy Policy](#).

Enter the account number you were sent, along with your answer to the security question.

Click anywhere in the form to populate the claimant details.

System-populated Claimant Details

← HOME MENU Enterprise search RURAL GRANT - CLAIM FORM V2 Brian Mannix

Rural Grants Claim Form Submit

^ Purpose

Please submit this RGP claim with relevant supporting evidence for each educational activity.

Allow up to 30 days for processing and payment once all correct documentation has been submitted. Please note, that claims will not be processed until all information is received.

^ Section 1: Claimant Details

All applicants are required to complete this section.

Account Number *
00198

Security Question: What is your mothers maiden name? * 74
Murray

Title
Dr

Given Name
Brian

Family Name
Mannix

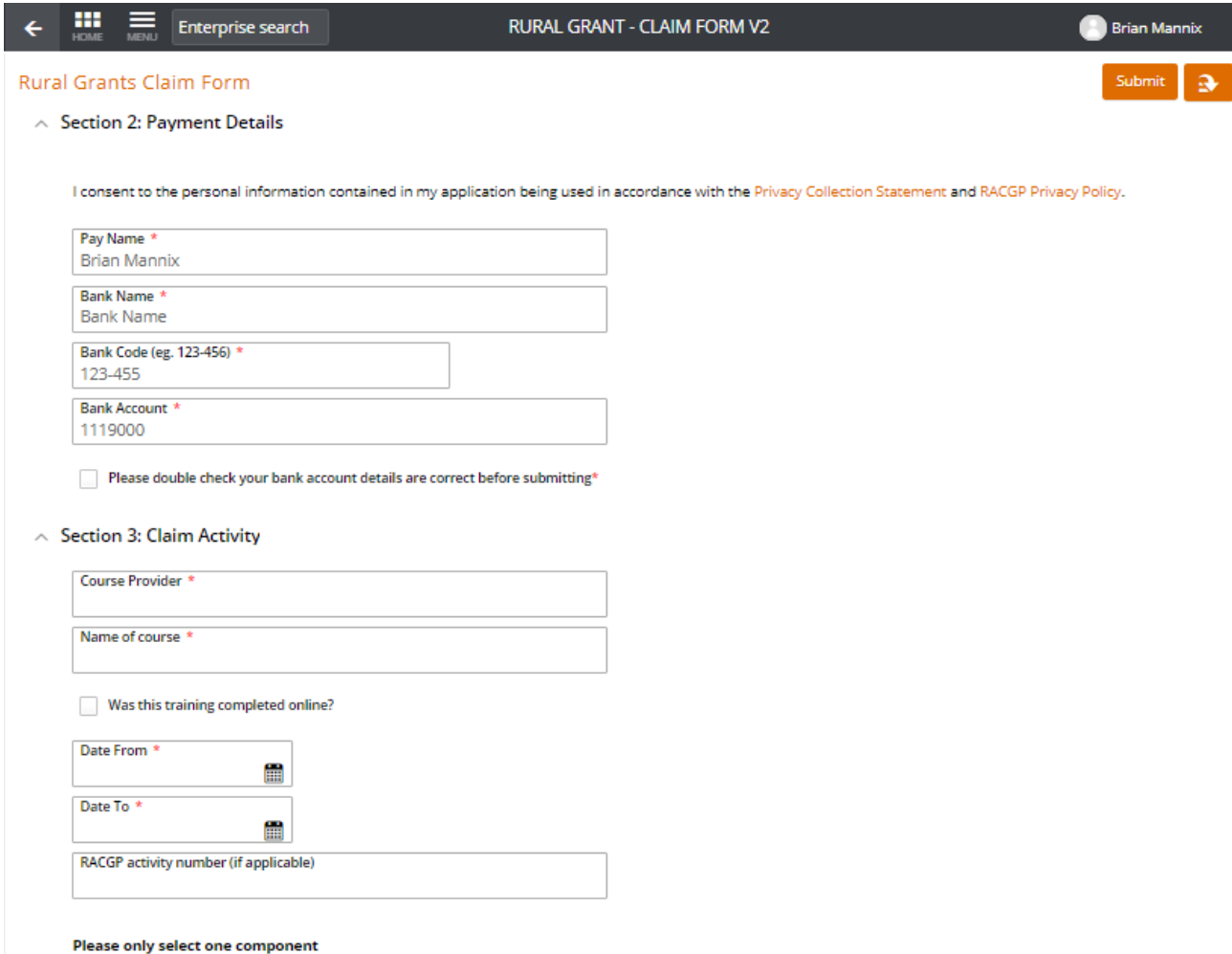
RACGP ID (if applicable)

Email
mtviewnetballclub@hotmail.com

^ Section 2: Payment Details

The system will populate your personal information into the Claimant details.

Section 2: Payment Details



The screenshot shows a web application interface for the Rural Grants Claim Form V2. The user is logged in as Brian Mannix. The form is divided into two sections: Section 2: Payment Details and Section 3: Claim Activity. Section 2 includes a consent statement, a checkbox for double-checking bank details, and input fields for Pay Name, Bank Name, Bank Code, and Bank Account. Section 3 includes input fields for Course Provider, Name of course, Date From, Date To, and RACGP activity number, along with a checkbox for online training completion. A note at the bottom of Section 3 states 'Please only select one component'.

Enterprise search

RURAL GRANT - CLAIM FORM V2

Brian Mannix

Rural Grants Claim Form

Submit

Section 2: Payment Details

I consent to the personal information contained in my application being used in accordance with the [Privacy Collection Statement](#) and [RACGP Privacy Policy](#).

Pay Name *
Brian Mannix

Bank Name *
Bank Name

Bank Code (eg. 123-456) *
123-455

Bank Account *
1119000


Please double check your bank account details are correct before submitting*


Section 3: Claim Activity

Course Provider *

Name of course *

Was this training completed online?

Date From * 

Date To * 

RACGP activity number (if applicable)

Please only select one component

If you've made an approved claim before, the system will have pre-populated your payment details.

If you've not made an approved claim before, you will need to enter your banking details.

Please ensure that you enter the bank code with a dash between the 3rd and 4th digits.

You will be asked to check a box to confirm that your banking account details are correct.

Enter your Payment Details

← HOME MENU Enterprise search RURAL GRANT - CLAIM FORM V2 Brian Mannix

Rural Grants Claim Form

Submit ↻

All applicants are required to complete this section.

Account Number *
00198

Security Question: What is your mothers maiden name? *
Murray

Title
Dr

Given Name
Brian

Family Name
Mannix

RACGP ID (if applicable)

Email
mtviewnetballclub@hotmail.com

Section 2: Payment Details

I consent to the personal information contained in my application being used in accordance with the [Privacy Collection Statement](#) and [RACGP Privacy Policy](#).

Pay Name *
Brian Mannix

Bank Name *
NAB

Bank Code (eg. 123-456) *
083-455

Bank Account *
987024

Please double check your bank account details are correct before submitting*

Section 3: Claim Activity

Course Provider *



Name of course *

If your banking details have pre-populated, check that they're still current.

If you wish to use a different account, please update the details, ensuring that there's a dash between the 3rd and 4th digits of the Bank Code.

Section 3: Claim Activity

^ Section 3: Claim Activity

Course Provider *
Name of course *
<input type="checkbox"/> Was this training completed online?
Date From * 
Date To * 
RACGP activity number (if applicable)

Please only select one component

Surgery

Surgery Days
0

Anaesthetics

Anaesthetics Days
0

Obstetrics

Obstetrics Days
0

Emergency Medicine

Emergency Medicine Days
0

Emergency Mental Health

Other

In the claim activity section of the form, check boxes will be ticked for all the components for which you are registered.



The form can only accommodate a claim for ONE component at a time. Please uncheck all components for which you are NOT applying in this instance.

If you wish to split the training into two components you will need to fill in two forms. Please remember to split the dates accordingly i.e. 5 day training course split into 2 days anaesthetics and three days emergency grant done on 01/07/2020 – 05/07/2020 should be listed as 01/07/2020 – 02/07/2020 - 2 days anaesthetic and you would claim the remainder as 03/07/2020 – 05/07/2020 - 3 days emergency claim.


Entering Claim Activity Details

Rural Grants Claim Form

Submit 

Course Provider *	MMRM Specialists
Name of course *	Advanced Surgery Techniques
<input checked="" type="checkbox"/> Was this training completed online?	
Date From *	31-May-2020 
Date To *	31-May-2020 
RACGP activity number (if applicable)	

Please only select one component

<input checked="" type="checkbox"/> Surgery	Surgery Days 1 
<input type="checkbox"/> Anaesthetics	Anaesthetics Days 0
<input type="checkbox"/> Obstetrics	Obstetrics Days 0
<input type="checkbox"/> Emergency Medicine	Emergency Medicine Days 0
<input type="checkbox"/> Emergency Mental Health	Emergency Mental Health Days 0

Enter the course provider, name and dates from and to.

If the training activity was completed online, please tick the check box.

Then complete the number of days for which you are claiming.

Attachments and Declaration

^ Attachments

Please attach the following supporting evidence with your claim.

Courses;

- Certificate of attendance (must state date(s) attended), and a
- Program of event defining content of the program or RACGP activity number

Clinical attachment;

- Clinical attachment report (please ensure this includes; hours worked each day, your learning objectives, education outcomes and signature from supervisor), or a
- Letter from the attachment supervisor(s) which includes dates and hours worked



Other



- Please attach a bank statement (or) bank deposit slip (or) signed letter from your bank to evidence your bank account details (Name, BSB and account number).



^ Attachment Items

Attachments


Drag new attachments here ... + Add

 Bank_statement.docx 

 Valid_attachment_1.docx 

 Valid_attachment_2.docx 

Signature *
Brian Mannix

Date *
12-Mar-2021 

Declaration

- I declare that I am only registered with one college for grants purposes and am not currently claiming in the RGP through ACRIM.
- I will not obtain support, financial or in-kind to maintain my procedural and emergency skills in addition to that provided by the RGP program.
- I have not applied for support from another source (Government and non-Government) to attend the training session.
- I have advised the RACGP of any changes to my eligibility status and provided updated documentary evidence to confirm ongoing eligibility for the program.
- The RACGP may share data (which may include identifying information) relating to this program with the Department of Health for statistical, evaluation, reporting, research and/or policy development purposes.

Add the required supporting documentation, sign and date the claim.

To submit your claim, click on “Submit” in the top right hand corner of the form.

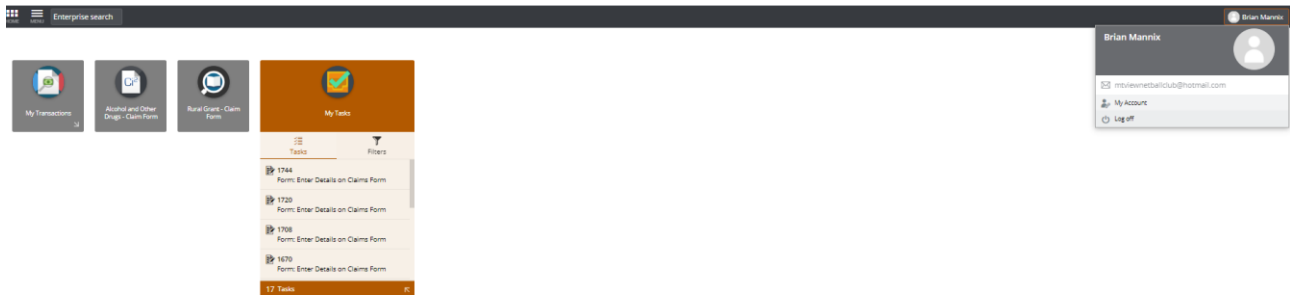


Form Submitted

Thank you for your submission.

DONE

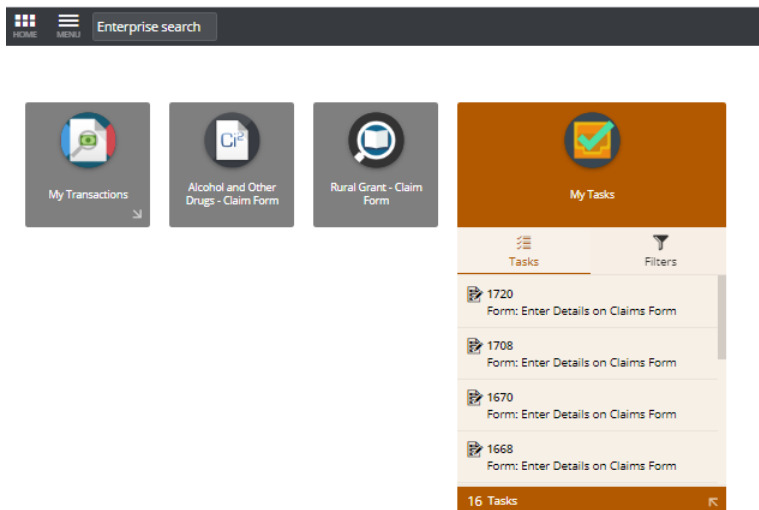
Click on "Done" to be returned to the Claims Home Screen.



If you wish to enter another claim, click on the “Rural Grants – Claim Form” button.

To log off, click on your name in the top right hand corner of the screen, then click on “Log off”.

Claims – Additional information requested

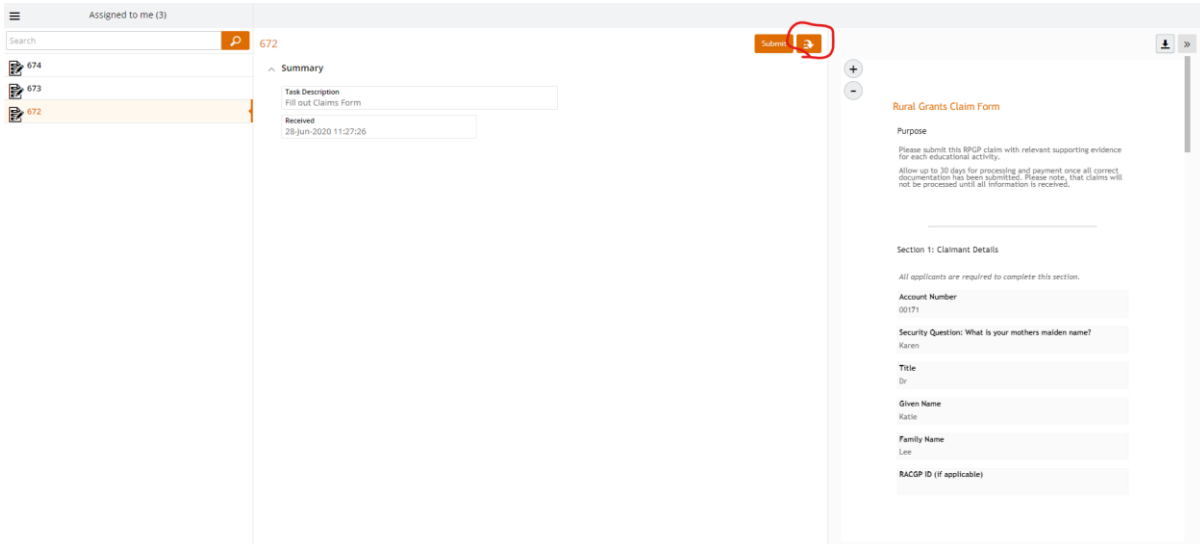


In the event that not all required information has been supplied with your claim, the Rural Grants team will send an email to you with details of what's required.

To rectify the claim, logon to the Claims Portal using your user id and password.

Click into the "My Tasks" box to see the claim/s that need additional information.

Updating claims in 'My Tasks'

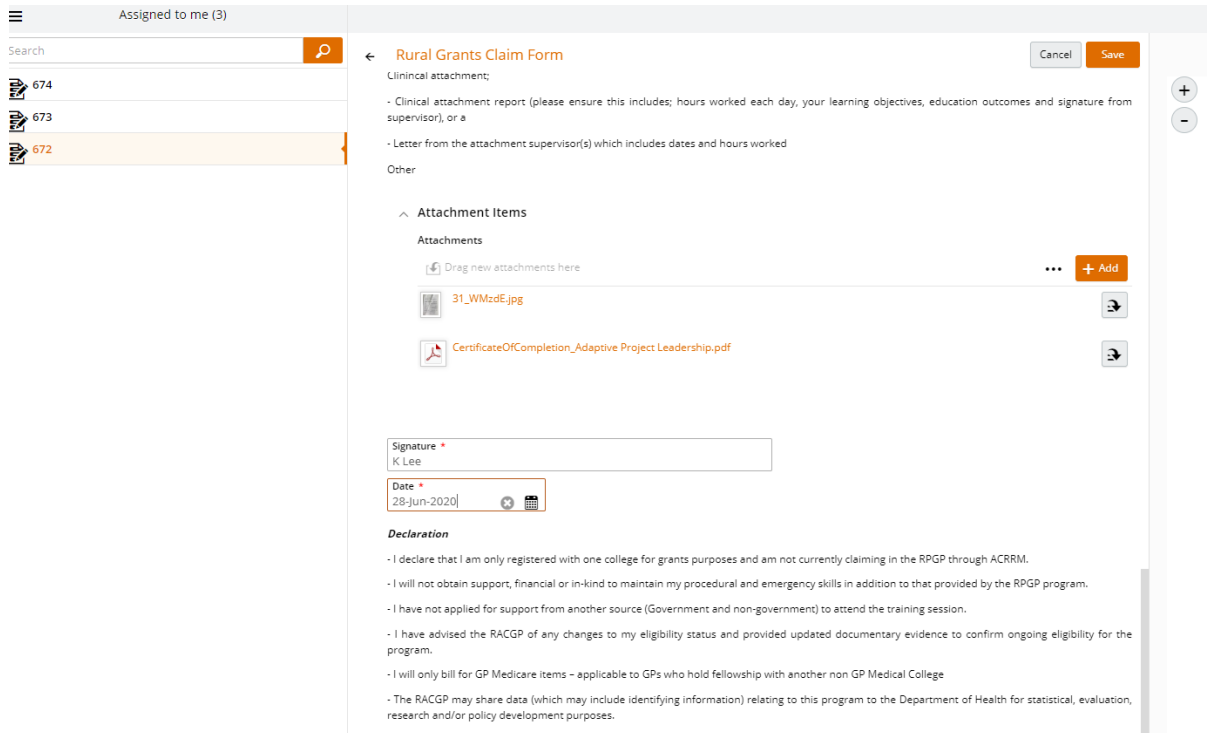


The screenshot displays the 'Assigned to me (3)' section of the RACGP portal. On the left, a list of tasks is shown, with task 672 highlighted. The main area shows the 'Summary' for task 672, including the task description 'Fill out Claims Form' and the received date '28 Jun 2020 11:27:26'. On the right, a preview of the 'Rural Grants Claim Form' is displayed. The form includes a 'Purpose' section with instructions to submit supporting evidence and a 30-day processing period. Below this is 'Section 1: Claimant Details', which contains several input fields: 'Account Number' (00171), 'Security Question: What is your mothers maiden name?' (Karen), 'Title' (Dr), 'Given Name' (Katie), 'Family Name' (Lee), and 'RACGP ID (if applicable)'. A red circle highlights the 'Submit' button at the top right of the task list.

You'll see one or more claim forms (tasks) that have been returned to you for additional information. The highlighted claim form will be displayed in preview mode on the right hand side of the screen.

Click on the arrow at the top right of the screen, then click on "Fill Out". The claim will open for editing.

Amending claim information



The screenshot shows a web interface for amending claim information. On the left, a sidebar lists three items: 674, 673, and 672, with 672 selected. The main content area is titled "Rural Grants Claim Form" and includes a "Cancel" and "Save" button in the top right. Below the title, there are instructions for the "Clinical attachment" and "Letter from the attachment supervisor(s)". The "Attachment Items" section shows two files: "31_WMzdE.jpg" and "CertificateOfCompletion_Adaptive Project Leadership.pdf". Below the attachments, there are fields for "Signature" (K. Lee) and "Date" (28-Jun-2020). A "Declaration" section follows, containing several bullet points regarding registration, support, and data sharing.

Assigned to me (3)

Search

674

673

672

← Rural Grants Claim Form

Cancel Save

Clinical attachment;

- Clinical attachment report (please ensure this includes; hours worked each day, your learning objectives, education outcomes and signature from supervisor), or a
- Letter from the attachment supervisor(s) which includes dates and hours worked

Other

Attachment Items

Attachments

Drag new attachments here

31_WMzdE.jpg

CertificateOfCompletion_Adaptive Project Leadership.pdf

Signature *

K. Lee

Date *

28-Jun-2020

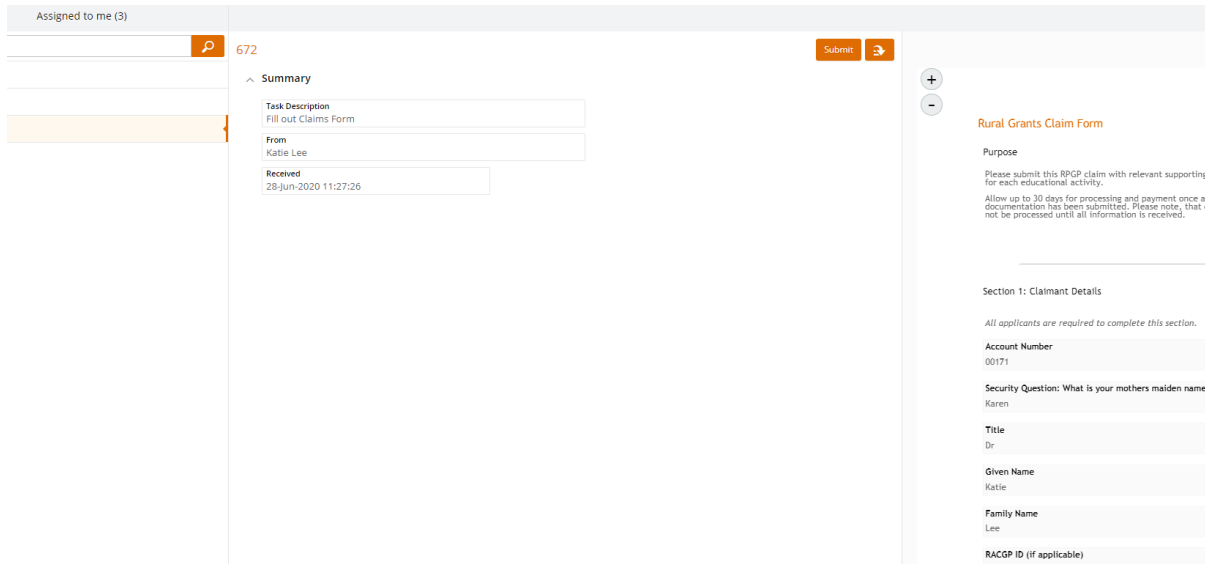
Declaration

- I declare that I am only registered with one college for grants purposes and am not currently claiming in the RPGP through ACCRM.
- I will not obtain support, financial or in-kind to maintain my procedural and emergency skills in addition to that provided by the RPGP program.
- I have not applied for support from another source (Government and non-government) to attend the training session.
- I have advised the RACGP of any changes to my eligibility status and provided updated documentary evidence to confirm ongoing eligibility for the program.
- I will only bill for GP Medicare items - applicable to GPs who hold fellowship with another non GP Medical College
- The RACGP may share data (which may include identifying information) relating to this program to the Department of Health for statistical, evaluation, research and/or policy development purposes.

Scroll down the form and correct details or add attachments as requested.

Sign and date the form, then click “Save” in the top right-hand corner of the screen to save your changes. You’ll be returned to the My Tasks Summary screen.

Reviewing your changes



Assigned to me (3)

672

Submit

Summary

Task Description
Fill out Claims Form

From
Katie Lee

Received
28-Jun-2020 11:27:26

Rural Grants Claim Form

Purpose

Please submit this RPGP claim with relevant supporting * for each educational activity.
Allow up to 30 days for processing and payment once all documentation has been submitted. Please note, that cl not be processed until all information is received.

Section 1: Claimant Details

All applicants are required to complete this section.

Account Number
00171

Security Question: What is your mothers maiden name?
Karen

Title
Dr

Given Name
Katie

Family Name
Lee

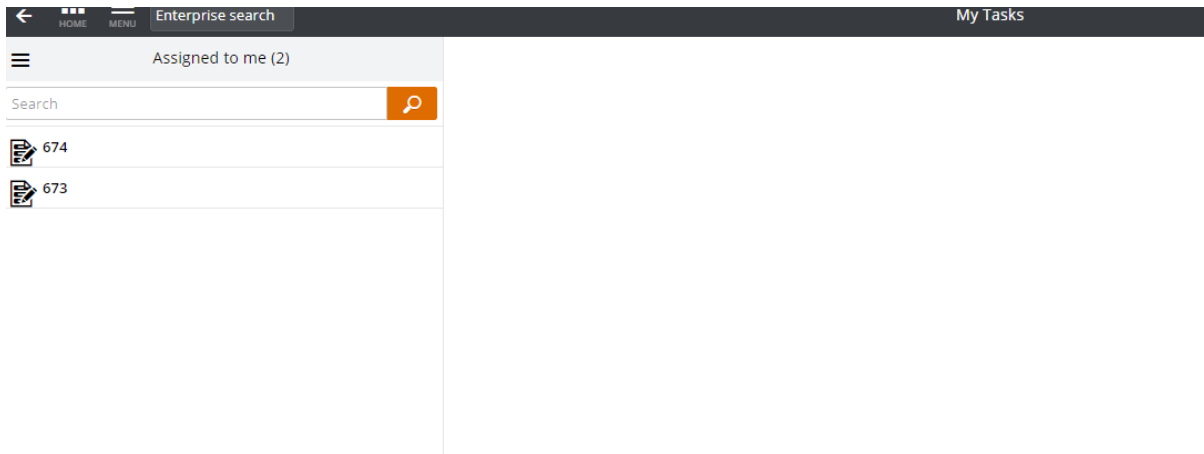
RACGP ID (if applicable)

To review the changes you've made, click on the Refresh button on your browser to refresh the preview.

If you want to make more changes, click on the arrow and "Fill Out" and repeat the previous step.

If you're happy with the changes you've made, click on Submit to re-submit the claim.

Complete changes for remaining claims and log off



You'll be returned to the Summary view in My Tasks. Complete the information per the notes for each claim.

Once all claims have been completed, you can use the back arrow to return to the Claims Home Screen or click on your user name to log off.

What happens next?

Your claim will be reviewed by the RGP team as soon as possible. You will receive an email within 14 days confirming your claim has been processed and when you can expect to receive the payment, or if more information is needed to process your claim.

Support

Forgotten Password?

Log on using your details

User name or email address

Password

Log On



Keep me logged on



Accessibility Mode



[Forgotten password?](#)

Click on the “Forgotten password?” link

Forgot your Password?

Please enter your registered user name or email address to be sent instructions for resetting your password.

User name or email address

Send

Cancel

Enter your email address and you'll be sent instructions for resetting your password.

Forgotten Account Number?

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