



Rural Procedural Grants Program

Supervised Clinical Attachment – Supporting evidence

Please return this form with your RPGP Claim Form to rural.procedural.grants@racgp.org.au.

Section A: Title of the attachment

First name

Surname

RACGP no. (if applicable)

Provider number

Title:

Start Date of Clinical Attachment:

End Date of Clinical Attachment:

Total Educational Hours:

Place and Address of attachment

Learning objectives

Educational outcome

Section B: Session summary

Date	Total time in hours	Key learning area	Supervisor name	Supervisor signature
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Name of Supervisor

Qualifications

Contact telephone

Email