



Rural Medical Family Network, Inc.  
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## **RMFN SPOUSE/PARTNER SPECIAL GRANT (English Language Courses & Driving Courses)**

### **FINANCIAL YEAR 2011-2012**

*[NB: This form is current for this period only.]*

The Rural Medical Family Network, Inc. (RMFN) - Victoria is pleased to offer grants to assist rural or remote medical spouses or partners wishing to undertake tuition courses in English Language or Driving.

The RMFN recognises the specific needs of rural and remote medical spouses, to overcome isolation and/or cultural background issues pivotal to their integration within their new community. The Special Grant is intended to assist in reducing the isolation and cultural background issues for these individual applicants, to assist in overcoming initial difficulty and to aid in the retention of the medical family in the rural/remote setting.

#### **WHO IS ELIGIBLE?**

1. Any spouse or partner (of a doctor) living in a rural or remote area of Victoria located within RA 2-5 (RRMA 4-7) localities may apply. In some cases, spouses who live in RRMA 3 and cross border localities may be eligible).
2. Any spouse or partner of a rural medical specialist, dentist or pharmacist and allied health personnel living in a rural or remote area of Victoria located within RA 2-5 (RRMA 4-7) localities may apply.
3. Spouses/Partners living in Melbourne are not eligible to apply.

#### **WHAT TYPE OF SPECIAL TRAINING IS AVAILABLE?**

Applicants may apply for a special grant to assist them to undertake a course of study delivered by an accredited training organisation or qualified private provider.

Published course information or evidence of the provider's qualifications must be included with the application.

#### **WHAT WILL THE GRANT COVER?**

The grants are valued at \$500.00 per applicant, as a once only grant, which may be used to **reimburse** applicants for any costs associated with their study eg tuition fees, purchase of books, equipment and course materials, travel to attend classes in larger centres etc.

#### **HOW DO I APPLY?**

Please complete the enclosed Application Form, attach necessary documentation (as outlined in Point 4 over page) and post to:

Mrs Gina Lambe  
RMFN Office  
PO Box 500  
Warrandyte Vic 3113  
Phone: (03) 8610 6318 Fax: (03) 9844 3908  
Email: [gina.lambe@rmfn-vic.com](mailto:gina.lambe@rmfn-vic.com)

## GUIDELINES

1. **ALL applications will be assessed on an on-going basis, until 31<sup>st</sup> May 2012.**  
Applicants will be notified the result of their submission within six (6) weeks of receipt.
2. Grants valued at \$500.00 per applicant - as a once only grant.
3. **The successful applicant may apply for further funding through the RMFN Spouse/Partner Education and Training Grant, application process.**
4. Applicants must complete Application Form and enclose course information as published by the proposed training organization (hard copies must be provided – website links will not be accepted). Where classes will be provided by a private tutor or instructor, **a course outline and hard copy of the provider's qualifications** must be included.  
**NB: DO NOT send receipts with the application.**
5. Applications will be assessed by a selection panel consisting of at least three RMFN Committee members plus the Chief Executive Officer. Each application will be assessed on its own merits. The awarding of Grants is at the discretion of the panel and the selection panel's decision will be final. Applications will remain **anonymous and confidential** to all except the selection panel.
6. 'Degree and duration of remoteness' will be taken into account in the process of assessing applications. Applicants will be asked to explain how this special grant will enhance their integration in the particular rural or remote setting in which they reside.
7. **Payment of 50% of the approved grant will in all instances be made as reimbursement upon presentation of original receipts, not as payment in advance.**  
A Claim Form will be provided to the successful applicants.  
The remaining 50% will be paid on receipt of the completed evaluation report form, which will be provided with the initial payment.
8. **ALL CLAIM FORMS MUST BE RECEIVED FOR REIMBURSEMENT OF COURSE EXPENSES IN THE FINANCIAL YEAR IN WHICH COURSES ARE APPROVED.**
9. **Successful applicants are to complete an evaluation report for the balance of 50% of the grant.**
10. If in the event the applicant needs to withdraw from the course of study, as long as every reasonable effort is made to report the circumstance to the RMFN committee, no refund will be necessary.
11. Successful applicants must agree to have their names and a brief report of their special training published in the RMFN newsletter *Country Connections*.

**SPOUSE/PARTNER SPECIAL GRANT (English Language Courses & Driving Courses)**

**FINANCIAL YEAR 2011-2012**

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**APPLICATION FORM**

**DETAILS OF APPLICANT (Please PRINT)**

Title \_\_\_\_\_ Family name \_\_\_\_\_ First name \_\_\_\_\_

Drs Full Name \_\_\_\_\_

GP  OTD/IMG  GP Registrar

**Specialist:**  Medical  Dental  Pharmacist  Allied Health

Practice Name \_\_\_\_\_

Home Address \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Email \_\_\_\_\_

Currently Employed:  YES  NO Position Held: \_\_\_\_\_

**DETAILS OF PROPOSED EDUCATION/TRAINING**

1 Course title and brief description of proposed education/training

\_\_\_\_\_

\_\_\_\_\_

2 Name of organisation, institution or individual providing education/training

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Please attach published course information or copy of private instructor's qualifications. Applications cannot be processed without this documentation.**

3 Please provide the following course details:

Date of Commencement ..... Duration of Course ..... Estimated Finish Date .....

Have you applied for other forms of funding, government or private, for which you may be eligible in relation to this course of study?  YES  NO

*If yes, have you been successful in your application?*

YES  NO

4 **How much funding do you require?**

\$.....

**NOTE: The selection panel will assess your application on the basis of answers to the following questions. Please answer in sufficient detail to enable a valid assessment to be made. Feel free to continue over page if more space is required.**

5 Please explain how you anticipate that this study will enable you to overcome your isolation and/or cultural difficulty and assist with your integration into the community.

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6 How long have you lived in your current area/town/city? \_\_\_\_\_  
If you intend to return to the city, please indicate when that is likely to occur:  
 ..... months       ..... years       don't know       intend remaining rural

7 Have you previously lived in any other rural/remote areas in Victoria?       YES       NO  
If yes, please list locations and approximate dates: \_\_\_\_\_

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8 Did you have assistance with completing this application?       YES       NO

9  *Please tick and Sign*  
If successful, I agree to have my name, a brief report of my study plans and my progress reports published in the RMFN newsletter Country Connections.

SIGNED ..... DATE .....

**Please send COMPLETED Application Form and supporting documentation to:**

**Mrs Gina Lambe - CEO  
Rural Medical Family Network, Inc.  
PO Box 500  
Warrandyte Vic 3113**

or, Fax: (03) 9844 3908

**NB: DO NOT send Receipts with the application.**

