



CONTACT DETAILS:

RMFN OFFICE:

Ph: (03) 9349 7806

PO Address:

E-mail Address:

WebPages:

Fax: (03) 9844 3908

PO Box 500 Warrandyte Vic 3113

enquiries@rmfn-vic.com

<http://www.rmfn-vic.com>

***RURAL MEDICAL FAMILY NETWORK – GP DIVISIONAL
FAMILY NETWORKING EVENT GRANT FORMS***

This application form relates only to a RMFN Divisional Family Networking Event Grant. Separate RMFN spouse/partner application forms are available for other grants available through the RMFN.

Address for applications and further information:

RMFN CEO
Rural Medical Family Network, Inc.
PO Box 500
WARRANDYTE VIC 3113

Telephone enquiries: (03) 9349 7806

- **This application should be read in conjunction with the attached “RMFN - Divisional Family Networking Event Grant - Guidelines and Eligibility Criteria.”**
- **Applications should be typed or written legibly.**
- **All personal information provided in this grant application is protected by the Privacy Act 1988, and in particular by the Information Privacy Principles contained in Section 14 of that Act.**
- **Personal information contained in your application form is usually disclosed to members of the RMFN Committee of Management in order to assist them to assess your grant application.**
- **The Department of Human Services, Victoria (DHS) as the funding body has an interest in the effectiveness of the RMFN programs. The RMFN may as a result publish information relating to the amount of the grant and the location. It is possible that this information may enable the recipient to be identified.**

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RURAL MEDICAL FAMILY NETWORK - DIVISIONAL GP FAMILY NETWORKING EVENT GRANT

GUIDELINES AND ELIGIBILITY CRITERIA

APPLICATIONS ARE INVITED FROM ALL VICTORIAN RURAL DIVISIONS OF GENERAL PRACTICE (INCLUDING GEELONG for RRMA 4 - 7)

Goals

- To encourage Divisions to provide rural GP family activities throughout the year;
- To support opportunities for GPs, spouses and their children for social and community networking that will assist with their integration and support their retention in the community.

General

One grant of \$1,000 or two grants each of \$500 totalling \$1,000.00 (exclusive of GST) per Rural Division of General Practice (including Geelong for RRMA 4 - 7) for this financial year may be awarded by the RMFN Committee of Management for specific Divisional GP Family Networking events, which are assessed as meeting the criteria as set out below.

A grant for an event must be no more than the actual cost of the event and is subject to variation once the reporting requirements have been assessed.

Applications

An application form is to be completed to apply for the RMFN grant. The closing date for applications is at least one month prior to the proposed events.

Applicants are invited and encouraged to advertise their events on the RMFN Web Pages.

Eligibility Criteria

- A family networking event open to all GPs (including registrars) and their families in the Division;
- The event must meet the program goals (outlined above);
- The event must be family friendly.
- The budget for events should follow the budgetary guidelines.
- The following statement is to be placed on all promotional material:

“This event is proudly sponsored by the RMFN and acknowledges the funding and support from the Department of Human Services”

Budgetary Guidelines

- RMFN grant can be applied to subsidise GP and family attendance at the event. Travel and accommodation can be subsidised when it would otherwise preclude attendance.
- The following travel and accommodation subsidies are suggested as being appropriate:

Accommodation

- \$55 per night
- 2 night subsidy for a full weekend event
- 1 night subsidy for Saturday Afternoon-Sunday Lunch event or one day event (unless GP lives greater than 300km away)

Travel

- \$55 for round trip 100-200km
- \$88 for round trip 200-300km
- \$132 for round trip 300-400km
- \$165 for round trip >400km

Reporting Requirements

The following reporting is required to be submitted by Rural Divisions of General Practice who have been approved a grant. The reports are to be submitted within one month of completion of the event for which a grant has been approved:

- A detailed statement of Receipts and Expenditure,
- A list of attendees: GP, spouse, and children (incl. child's gender and age),
- A report on event with feedback and an article for the RMFN newsletter.

Payment Strategy

Divisions of General Practice will be notified of the success of their application in writing. Payment of 100% of the approved grant will be made on receipt of the required report, as set out above.



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APPLICATION FORM

The following details are required to enable the Rural Medical Family Network, Inc., to consider your application for a grant. By making this application, your Division agrees to be bound by the Terms and Conditions set out in Schedule 1.

Section 1 - Contact Information

Name of Division

Division Contact Person

Section 2 – Event Information

Proposed Title of Event

Proposed Date(s) for Event

Anticipated Number of Participants

Proposed Location

Proposed Venue

How was the need for this event established? (e.g. GP family needs assessment, or other information) Please give details.

Briefly outline the proposed event program.

Has there been collaboration with the Rural Medical Family Network on the development of the Family Networking Event. (for information on the RMFN contact person in your Division contact Gina Lambe on 9349 7806)

YES

NO

If yes, indicate RMFN contact person



If no, please explain why

Section 3 - Budgets

What is the grant amount you are applying for?

What is the proposed budget for the event?

(Please outline your proposed budget using the RMFN financial reporting format as a guide)

CERTIFICATE OF APPLICANT

My Australian Business Number is:

- I certify that the information included in this application is true and accurate.
- I have read and agree to the terms outlined in the RMFN GP Divisional Family Networking Event Grant Program Guidelines.
- I understand that the personal details outlined in this application form will remain confidential and will not be disclosed to any person/organisation outside of the RMFN without prior consent.

SIGNATURE:

NAME:

DATE:



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**RURAL MEDICAL FAMILY NETWORK - DIVISIONAL GP FAMILY
NETWORKING EVENT GRANT**

REPORTING - FINANCIAL

Division of General Practice

GP Family Networking Event

Statement of Income and Expenditure

INCOME

1. RMFN Grant
 2. Other Income (please list)
 3. **TOTAL INCOME**
-

EXPENDITURE

Grant Expenditure

- GP Subsidies
 - Promotional Costs
 - Venue Hire
 - Event Costs
 - Other Expenses (please list)
-

4. **Total Grant Expenditure**
-

5. **TOTAL SURPLUS/DEFICIT (3 – 4)**
-



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**RURAL MEDICAL FAMILY NETWORK - DIVISIONAL GP FAMILY
NETWORKING EVENT GRANT**

REPORTING – NON FINANCIAL

Please provide the following details and forward to the RMFN with the financial report:

- A table listing attendees,
- A copy of promotional material, program and handouts,
- An analysed event evaluation,
- Any published report on the event

