

# PARTNER EDUCATION GRANTS

JULY 2021-JUNE 2022



## APPLICATION FORM

Please download this pdf to your desktop computer and open it in Adobe Acrobat. Once you have completed the form, click 'SUBMIT FORM'.

### Applicant details

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Postal address \_\_\_\_\_

Postal town \_\_\_\_\_ Postcode \_\_\_\_\_

Residential town \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Partner's profession ☐ Allied health professional ☐ Dentist ☐ Medical practitioner  
☐ Midwife ☐ Nurse

Your health professional partner's full name \_\_\_\_\_

Partner's practice name \_\_\_\_\_ Partner's AHPRA number \_\_\_\_\_

### Professional development details

Name of training or education \_\_\_\_\_

Name of accredited training provider \_\_\_\_\_

Brief description of training or education \_\_\_\_\_

Estimated cost of training or education \$ \_\_\_\_\_

Commencement date of training or education \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I agree that:

- ☐ I meet the eligibility criteria as outlined on the Rural Health West website at [www.ruralhealthwest.com.au/peg](http://www.ruralhealthwest.com.au/peg)
- ☐ To my knowledge, the information provided on this application form is true and correct.
- ☐ I understand that as a successful Partner Education Grant recipient I may be asked to provide a brief article and photo to be used for promotion by Rural Health West.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*The Partner Education Grants are delivered by Rural Health West with funding from the Australian Government Department of Health.*

**SUBMIT FORM**