

# Partner Education Grants Application Form 2020-2021



Your Partner Education Grant can be completed online at [www.ruralhealthwest.com.au/peg](http://www.ruralhealthwest.com.au/peg) or complete this form and submit to [familysupport@ruralhealthwest.com.au](mailto:familysupport@ruralhealthwest.com.au) or fax 08 6389 4501.

## Applicant details

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

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

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

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

Email \_\_\_\_\_

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

Partner's profession  General practitioner  Hospital doctor  Medical specialist  
 Nurse  Midwife

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

## Professional development details

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

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

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

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

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

I agree that:

- I meet the eligibility criteria as outlined in the 2020-2021 Partner Education Grant application brochure and Rural Health West website.
- To my knowledge, the information provided in 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_