



RACGP

Rural

# Rural Procedural Grants Program (RPGP) claim form

Please submit this form with relevant supporting evidence for each claim for educational activities. Allow up to 30 days for processing and payment once all correct documentation has been submitted. Please note, that claims with incomplete details or insufficient evidence will be returned to the claimant.

## Section 1: Claimant details

Name RACGP no. (if applicable)

Telephone Mobile Fax number

Email

## Section 2: Payment details

Medicare provider number applicable to your location (must be applicable to a RA 2-5 location)

Account Name

Current bank details: BSB Account number

## Section 3: Claim activity (From September 2016, purely online courses are no longer eligible for a grant)

Course provider

Name of course

Date(s) of course

to

Please tick the relevant box for the RPGP component for which you are claiming this educational activity and indicate number of days.

Anaesthetics  Days      Obstetrics  Days      Surgery  Days      Emergency  Days

Please tick the relevant box(s) for the supporting evidence you are submitting for this claim.

**Courses**  Certificate of attendance (must state date(s) attended), and a  
 Program of event defining content of the program

**Clinical attachment**  Clinical attachment report (please ensure this include hours worked each day), and a  
 Letter from attachment supervisor(s) which includes dates and hours worked

**Other**  Details

**Signature**  Date