

## RURAL/REMOTE SUBSIDY CLAIM FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- I am in my  Basic Term  
 Advanced Term  
 Subsequent Term

Other: (please specify) \_\_\_\_\_

For the purpose of this claim, rural is defined as RRMA 4-6 (e.g. Alice Springs, Katherine) and remote is defined as RRMA 7 (e.g. remote Aboriginal communities, Tennant Creek, Gove). If you are unsure of the RRMA classification of a placement please contact Christine Heatherington-Tait, GPR Coordinator, [christine.heatherington-tait@ntgpe.org](mailto:christine.heatherington-tait@ntgpe.org) or on 08-8946-7079.

- I am working, training and residing in an  Urban area  
 Rural area  
 Remote area

If training and residing in a rural or remote area please state where: \_\_\_\_\_

I began my training in this area on (date): \_\_\_\_\_ and will finish on: \_\_\_\_\_

**Please indicate the item(s) you would like to submit a claim for:**

- |  | Amount   |
|--|----------|
| <input type="checkbox"/> Relocation Expenses             | \$ _____ |
| <input type="checkbox"/> Educational Resources           | \$ _____ |
| <input type="checkbox"/> Rental Assistance               | \$ _____ |
| <input type="checkbox"/> Professional Development Course | \$ _____ |
| <input type="checkbox"/> IT Support                      | \$ _____ |

If claiming IT Support please specify claim period: From \_\_\_\_\_ To \_\_\_\_\_

Have you obtained, or are you in the process of obtaining funding from other sources for this claim?

\_\_\_\_\_

If yes, please list the other sources \_\_\_\_\_

\_\_\_\_\_



Are there any comments you would like to add in support of this claim? \_\_\_\_\_

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**Please provide bank account details for the account you would like the reimbursement to be deposited into**

**Account Name:** \_\_\_\_\_

**Banking Institution:** \_\_\_\_\_

**BSB Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Please send the completed form together with copies of relevant receipts. If claiming rental assistance please include a copy of the lease. Send all documents to:**

Christine Heatherington-Tait, GPR Coordinator, NTGPE  
PO Box u 179  
Charles Darwin University NT 0815

or via Fax: 08-8946-7077

**I have read the Rural and Remote Subsidies in the GP Training Program, Northern Territory Policy and acknowledge the limits per item and limits per calendar year specified in it.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved in part	<input type="checkbox"/> Not Approved
<b>Comments:</b>		
<b>Name of Authorising Officer</b> _____		
<b>Signature of Authorising Officer</b> _____		<b>Date</b> _____