

GP REGISTRAR SUBSIDY CLAIM FORM

Please read the [GP registrar subsidy policy \(MMM6-MMM7\)](#) before submitting your claim to determine your eligibility

ALL 2022.2 subsidy claims must be submitted to NTGPE no later than 16 December 2022. Claims received after this date may not be processed. This is due to the transition of GP training to the colleges on 1 February 2023.

Name: _____

Address: _____

Mobile phone: _____ **Email:** _____

I am in my GPT1 / PRR1 GPT 2 / PRR2 GPT3 / PRR3 ESP / PRR4
 AST/ARST community post AST/ARST hospital post

Placement location: _____

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

I am working, training and residing MMM 2-5

refer the [Doctor Connect](#) website to check MMM 6
your placement location MMM 7

Please indicate the item/s you are submitting a claim for, including copies of relevant receipts.

	Amount	Date/s
<input type="checkbox"/> Emergency course (One course only during duration of training)	\$ _____	_____
<input type="checkbox"/> Internet access	\$ _____	_____
<input type="checkbox"/> Rental assistance	\$ _____	_____
<input type="checkbox"/> Respite Break	\$ _____	_____
<input type="checkbox"/> Relocation	\$ _____	_____
<input type="checkbox"/> Education	\$ _____	_____

If claiming for internet access or rental assistance please specify claim period **from** _____ **to** _____

Have you obtained or are you in the process of obtaining funding from any other sources to offset items in this claim; e.g., rental assistance from your or your partner's employer? **Yes** / **No**

If yes, please list the other sources of funding sought and amounts obtained:

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

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:** _____

I have read the NTGPE [GP registrar subsidy policy and procedure](#) and acknowledge the limits per item and limits per training year specified in it.

I have attached the required documentation.

Signature: _____ **Date:** _____

Send completed form together with required evidence as per the [GP registrar subsidy policy](#) to:

email: registrar@ntgpe.org or fax: (08) 8946 7077

OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved in part	<input type="checkbox"/> Not approved
Comments		
Name of reviewing officer _____		
Signature of reviewing officer _____ Date _____		
Name authorising program manager _____		
Signature of authorising program manager _____ Date _____		