



IMPORTANT: Please complete all sections

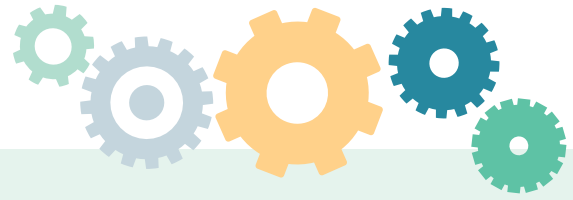
Section 1: Claimant details

Title	First name	Surname
Email	RACGP/ACRRM no. (if applicable)	
Mobile number		
Are you currently working as a GP in general practice?		Yes No
Are you a GP in training?		Yes No
Do you practice in a rural or remote location?		Yes No
Modified Monash Model (MMM) area:		
MMM1 ACHHO	MMM2 ACHHO	
MMM1	MMM2	MMM3 MMM4 MMM5 MMM6 MMM7
Have you received the FPS training subsidy in the past?		Yes No
Have you received other FPS training grants, scholarships or other funded subsidies that relate to FPS ST in the last 12 months?		Yes No

Section 2: Enrolment and completion of FPS ST

Training provider	
Course name	
RACGP/ACRRM activity ID	Date of completion

Please attach evidence of course enrolment and payment, e.g., tax invoice or receipt).
Please attach evidence of FPS ST completion. e.g., certificate of completion



Section 3: Registration with Services Australia (Medicare) as a GP provider of FPS

Provider number

Provider eligibility date*

**If you do not know your eligibility date as a GP provider of FPS, please contact Services Australia (Medicare) on 132 150.*

Section 4: Attachments and Declaration

Completed all sections on this form

Evidence of FPS ST enrolment and payment, (e.g., tax invoice or receipt)

Evidence of FPS ST completion. (e.g., certificate of completion)

Completed all sections of the Bank details form

I declare that:

I have read and accept the Terms and Conditions of the FPS training subsidy program. See <https://gpmhsc.org.au/Info/Detail/c4e7e0c5-8c4a-4f63-91fc-35e7acb7b8a0>

I am registered as a GP provider of FPS with Services Australia (Medicare)

I have not received other FPS training grants, scholarships or other funded subsidies that relate to FPS ST in the last 12 months

If eligible, I will receive a partial reimbursement of the cost of training an amount of \$600 which will be refunded in my nominated bank account

Signature

Date