gpmhsc
General Practice Mental Health Standards Collaboration

Training Provider Grants Program – Application form

Before you start

Please note: This application form must be read in conjunction with the Information for applicants document and the GPMHSC requirements for MHST accreditation document.

Please ensure you have read this information before completing and submitting your application to ensure your activity will fulfill all GPMHSC accreditation requirements.

Grant details

This application form refers to a grant of $7,500 being offered to successful applicants to develop and deliver Mental Health Skills Training (MHST).

MHST aims to provide education and training in the assessment, treatment, planning and review of mental health issues commonly presented in general practice and must meet the five learning outcomes outlined in the Mental Health Training Standards 2026-28: A guide for training providers

Eligibility criteria

To be eligible for the grants, applicants must:

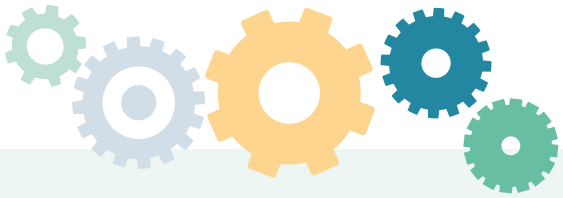
- develop training that meets GPMHSC requirements for MHST accreditation
- agree and commit to delivering the training before 31 August 2027
- have the training available for GPs to access and complete until the end of the 2026–28 CPD triennium
- have an Australian Business Number (ABN).

Preference will be given to grant applicants who:

- have at least one other course previously accredited by the GPMHSC
- can demonstrate some experience in developing training and education
- can develop new training addressing the specific mental health and wellbeing needs of:
  - Aboriginal and Torres Strait Islander people
  - children and adolescents
  - rural and remote communities
  - refugees and asylum seekers.

Terms and conditions:

Applications must be submitted by **5:00pm (AEDT) 31 December 2026.**



Applicant details

Name of organisation

Address

Suburb

State

Postcode

RACGP training provider ID (if applicable)

Contact name

Position

Phone

Email

ABN

Selection criteria

1. Does the applicant intend to re-develop an existing GPMHSC-accredited activity?

Yes ☐ No ☐

If you answered **Yes to Q1,** please provide a written response (no more than 250 words) addressing the following:

- Information on how you plan to adjust this activity

Activity details

2. Please provide some information around the MHST activity you plan to develop/redevelop.

3. How does this activity intend to educate and train GPs in the assessment, treatment, planning and review of mental health issues commonly presented in general practice?

4. If you are developing an activity regarding specific populations (Aboriginal and Torres Strait Islander People, children and adolescents, rural and remote communities, refugees and asylum seekers) please provide some information around how your activity will involve these populations

5. Please provide some information around how you plan to involve consumers and carers in your MHST activity. Please refer to the consumer and carer learning outcomes in the GPMHSC Mental Health Standards

6. Please provide some information around the GP and mental health professionals you are hoping to include in your activity, or at minimum what organisations you may engage when seeking these experts

7. Please confirm you have reviewed the five learning outcomes listed in the GPMHSC Mental Health Standards

Yes ☐ No ☐

8 . Does the applicant have a GPMHSC-accredited MHST activity previously accredited for the 2026-28 CPD triennium?

Yes ☐ No ☐

If you answered **Yes to Q8**, please provide details of the accredited MHST (activity name, ID):

9. Does the applicant have experience and success in developing and delivering mental health training and education?

Yes ☐ No ☐

If you answered **Yes to Q9**, please provide details of the education or training and attach a participant evaluation or feedback.

10. Will the activity be delivered face-to-face only or in blended format?

☐ Face-to-face only ☐ Blended (combination of face-to-face and e-learning)

11. Does the applicant agree and commit to developing and delivering the training before 31 August 2027?

Yes ☐ No ☐

12. Will the training be available for GPs to access and complete during the 2026–28 CPD triennium?

Yes ☐ No ☐

13. Is the applicant receiving or intend to receive funding from another source that will go towards developing and delivering their activity?

Yes ☐ No ☐

Estimated costs

Please complete the following table, outlining the approximate cost (excl. GST) incurred during the design, development and implementation phases of the MHST.

Total: $

Please ensure you have read the questions and the Information for applicants carefully, and that your responses provide the GPMHSC Committee with the information required to assess your application.

Declaration

I acknowledge all information contained within this application is complete and accurate.

I declare that I have read and agree to the terms of the GPMHSC Training Provider Grants Program as set out in the Information for applicants.

Name:

I agree:

Yes ☐ No ☐

Date of declaration:

Signature