



# GP REGISTRAR SUBSIDY CLAIM

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

For the purpose of this claim, 'remote' is classified as working, training and residing >100km outside of Alice Springs or Darwin for a minimum of 3 nights per week. If you are unsure if your placement meets this criterion, please contact the GP registrar support team on (08) 8946 7079 or email [registrar@ntgpe.org](mailto:registrar@ntgpe.org)

**Name:**

**Address:**

**Mobile phone:**

**Email:**

I am in my

GPT1 / PRR1

GPT 2 / PRR2

GPT3 / PRR3

ESP / PRR4

AST/ARST

Placement location:

I began my training in this area on (date)

and will finish on:

I am working, training and residing

less than 100kms from Darwin or Alice Springs

remote – more than 100kms from Darwin or Alice Springs min 3 nights/wk

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

	Amount	Date/s
Relocation expenses	\$	
Courses	\$	
Emergency courses	\$	
Emergency courses (FARGP/ACRRM)	\$	
Internet access	\$	
Educational resources	\$	
Respite Break	\$	
Rental assistance	\$	

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

## OFFICE USE ONLY

**Approved**

**Approved in part**

**Not approved**

**Comments**

**Name of reviewing officer**

**Signature of reviewing officer**

**Date**

**Name authorising program  
manager**

**Signature of authorising program  
manager**

**Date**