

# 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:



# GP REGISTRAR SUBSIDY CLAIM FORM

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** \_\_\_\_\_