



Practice Nurses and Aboriginal Health Workers

Domestic Violence Referral Points Project

Support payments to assist with travel and accommodation costs associated with participation in the training program

2010

Funded by the Australian Government Department of Health and Ageing

Australian General Practice Network Limited

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Delivering local health solutions through general practice

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Background

The Practice Nurses and Aboriginal Health Workers as Domestic Violence Referral Points Project forms part of the Women's Safety Agenda, a 2005/06 Budget initiative for which Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is the lead agency. After a competitive tender process, FaHCSIA engaged Lifeline Australia to develop and deliver training to practice nurses and Aboriginal health workers in the Practice Incentive Program (PIP) eligible practices in rural and remote areas. The training will support participants to feel more confident about recognising signs of domestic violence and assist them to make appropriate referrals to available resources in their community. A two day face-to-face training course will be offered in locations in capital cities across Australia. An online training option will also be made available. The initiative will be rolled out nationally over three years until June 2010.

Support payments to assist towards the cost of travel and accommodation to attend the nominated training program are available for practice nurses and Aboriginal health workers from eligible general practices or Aboriginal Medical Services in rural and remote areas in Rural, Remote and Metropolitan Areas (RRMA) 3-7 locations who meet the eligibility criteria. The nominated training program provided by Lifeline Australia is: CHCDFV301A Recognise and Respond Appropriately to Domestic and Family Violence.

Eligibility for support payment

Participants must be currently employed in a general practice or Aboriginal Medical Service which is participating in the Australian Government Practice Incentive Program (PIP) and located in a rural or remote location in a RRMA 3-7 area.

Support payments to assist with travel and accommodation costs are available for participants who are required to travel 20 kilometres or more to the nearest training program.

Attendance at the training must be supported by the participant's employer.

Participants must be an Australian Citizen or permanent resident in Australia. AGPN has negotiated a locum fee of \$200.00 per day for the practice to backfill the nurse or Aboriginal health care worker coverage. To access locum payment the practice principal must sign the attached funding request. In the case of the Aboriginal health care workers the CEO must sign the application.

Practice nurses must be currently registered or enrolled in the state or territory in which they work.

Aboriginal health workers must have completed an approved training program for Aboriginal Health Workers at Certificate III level training or above.

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1. Instructions for applicants

- 1.1. Please ensure that all sections of the application form are completed in full and are legible. Incomplete or illegible applications will not be considered.
- 1.2. Employers can complete the attached application on behalf of their practice nurse or Aboriginal health worker.
- 1.3. A separate application must be completed for each applicant.
- 1.4. Please fax (02 6228 0899) or post the completed application form and supporting documentation to:

**Nursing in General Practice Program
Australian General Practice Network
PO BOX 4308
MANUKA ACT 2603**

2. Enquiries

Enquiries regarding support payments should be forwarded to Connie Ryan, Principal Adviser for Nursing in General Practice email cryan@agpn.com.au or phone (02) 6228 0820.

3. Overview of the application process

All applications will be processed through the Australian General Practice Network Nursing in General Practice Program.

All applications must meet the eligibility criteria as outlined in order to be considered.

Payments will be made retrospectively on completion of the training program, upon receipt of evidence to support the expenses incurred. Payments will be processed within 30 days of receipt of completed forms with accompanying supporting documentation.

4. Application Form

Contents:

- a. Applicant details
- b. Location of the training program
- c. Eligibility requirements
- d. Support payment requested
- e. Declaration
- f. Practice backfill/bank details (*employers must complete this section*)
- g. Participant bank details
- h. Supporting documentation checklist

Please complete **all** sections and return as instructed. Incomplete or illegible applications will not be considered. **Please print clearly.**

a. Details of the participant who attended the training

Title (Mr, Mrs, Ms etc)	
Surname	
Given names	
Date of birth	
Postal address (line 1)	
Suburb /town	
State /territory	
Postcode	
Phone (work) include area code	
Phone (after hours) include area code	
Email address	

b. Location of the training program

Please name the town in which the training program that you attended was held:

c. Eligibility requirements

i. Name and contact details of your employing general practice or Aboriginal Medical Service

Name of practice/AMS	
Street address	
City/town	
Postcode	
Phone number including area code	

ii. Is your employing general practice or Aboriginal Medical Service currently participating in the Practice Incentives Program (PIP)? (please tick box)

Yes

No You are not eligible for a support payment.

iii. Is your employing practice or Aboriginal Medical Service located in a rural or remote area with a RRMA Classification 3-7? (please tick box)

Yes

No You are not eligible for a support payment

iv. Are you an Australian citizen or permanent resident of Australia? (please tick box)

Yes

No You are not eligible for support payment.

v. Is your employer intending to backfill your position while you attend the training?

Yes

No You are not eligible for support payment.

vi. Are you currently employed as a practice nurse or Aboriginal health worker in a general practice setting, or Aboriginal Medical Service? (please tick box)

Yes Please indicate:

Registered Nurse (RN Division 1 Victoria)

Enrolled Nurse (RN Division 2 Victoria)

Aboriginal Health Worker

No You are not eligible for a support payment

Next question to be completed only by Aboriginal Health Workers:

vii. Have you undertaken an approved training program for Aboriginal Health Workers at Certificate III level or above? (please tick box)

Yes Please provide details of the Training Institute and location (e.g. Anyinginyi Congress Aboriginal Corporation TENNANT CREEK).

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No You are not eligible for support payment.

All applicants should note that you may be required to provide proof of current employment in a practice located in a RRMA 3-7 location that is participating in the PIP, verified by the practice manager or their delegate as true and correct.

d. Support payment requested

All claims for support payments for travel and accommodation must be accompanied by receipts or tax invoices.

Use of personal motor vehicle travel will be reimbursed at the per km rates outlined below (please specify start and finish destination points and distance travelled in kilometres).

Airfares will be reimbursed based on economy airfares at best fare of the day.

Description	Engine Capacity cc	Engine Rotary cc	Cents/Km
Small Car	Not exceeding 1600 cc	Not exceeding 800 cc	.58c
Medium car	Exceeds 1600, but not 2600	Exceeding 800, but not exceeding 1300	.69c
Large Car	Exceeding 2600 cc	Exceeding 1300 cc	.70c

Travel costs: please complete relevant sections		
	Details	Cost
Motor vehicle expense	Please provide start and finish destinations and distance travelled in kms and whether small, medium or large car:	\$
Airfare	Please provide start and finish destinations:	\$
Other travel costs e.g. train, bus or taxi fares	Please provide details:	\$
Total travel costs		\$

Accommodation Costs: accommodation costs will be reimbursed according to actual costs up to a maximum of \$190 per night	
	Cost
No. of nights x \$ per night =	\$

e. Declaration

I do solemnly and sincerely declare that the information provided in this application is true and correct.

Signature of applicant: Full Name

Date:

f. Employer backfill declaration

Your employer or their delegate must complete this section

Employers are entitled to a locum payment of up to \$400 per employee attending the workshop.

Locum Payment	Cost per day	Total Cost
2 days	\$200	\$400

Please outline where the locum payment to the practice should be made:

Bank Account details for locum payment – PLEASE TAKE CARE WHEN FILLING IN THIS SECTION

Bank name: _____

BSB #: _____ **Account #:** _____

Name(s) in which account is held:

I (full name) hereby certify that I will be backfilling my practice nurse/Aboriginal Health Worker whilst they attend the two day training (and therefore the practice is eligible for a locum payment).

Signed

g. Banking Details For Participant

Support payments will be credited to your bank account. To credit your bank account we require your banking details to be provided below. All payments will be made within one month of AGPN receiving these documents.

If the support payment is to be made to the employing practice or Aboriginal Medical Service a completed tax invoice must be submitted with this application.

Participant Bank Account Details – PLEASE TAKE CARE WHEN FILLING IN THIS SECTION

Bank name: _____

BSB #: _____ Account #: _____

Name(s) in which account is held:

Total amount to be deposited: _____

h. Supporting documentation checklist *(please tick box)*

Has your employer completed and signed the locum backfill documentation?

Have you attached receipts or tax invoices for travel or accommodation expenses?