



Australian Government
Department of Health

GENERAL PRACTICE RURAL INCENTIVES PROGRAM

FLEXIBLE PAYMENT SYSTEM

APPLICATION FORM

Effective Date: September 2018

*Please note this application form requires handwritten signatures and therefore is intended to be paper based.
The Printable PDF version is the recommended document for medical practitioners to download, print,
complete and submit.*

PART 1 – INFORMATION REGARDING THE FPS FOR THE GPRIP

The General Practice Rural Incentives Program (GPRIP) aims to encourage medical practitioners to practise in regional, rural and remote communities and promote careers in rural medicine through the provision of financial incentives.

There are two payment systems used for the GPRIP:

- The **Central Payment System (CPS)** applies to medical practitioners (including GP Registrars) who bill the Medicare Benefits Schedule (MBS) for eligible services at or above \$6,000 per quarter. These medical practitioners will have their eligibility automatically assessed each quarter and will be advised and paid by the Department of Human Services (Human Services) when a payment is due.
- The **Flexible Payment System (FPS)** applies to medical practitioners who provide eligible non-Medicare services and/or undertake training (under the Australian General Practice Training [AGPT] program or the Australian College of Rural and Remote Medicine [ACRRM] Independent Pathway) that is not reflected in MBS records.

This application form relates only to the FPS. Applications for payments under the FPS are assessed by Rural Workforce Agencies (RWAs) in each state and the Northern Territory. RWAs are responsible for administering the FPS based on the GPRIP Program Guidelines. FPS Payments are then processed by Human Services, who will notify the medical practitioner in writing of the payment amount.

To apply for a payment under the FPS, complete and submit this application form to the RWA in the state or Northern Territory in which you provided the majority of eligible services. If you have any questions regarding your eligibility or how to fill out any part of this form, please contact your RWA (See the [For More Information](#) section for contact details).

Medical practitioners participating in the stage one trial of Health Care Homes – For medical practitioners primarily billing the MBS for services and accessing payments only through the CPS, there is a simple opt-in review mechanism available to ensure Health Care Home services are included in GPRIP eligibility assessments and payment calculations. This form will be available on the Department of Health's [GPRIP – Stage One Trial of Health Care Homes](#) webpage.

For medical practitioners who require assessment under the FPS for other eligible non-Medicare services, this application process will capture Health Care Homes activity. Medical practitioners who need to apply under the FPS using this form will not need to complete a GPRIP – Health Care Homes review.

Eligibility

To be eligible for the GPRIP, medical practitioners must:

1. provide eligible primary care services and/or undertake GP Registrar training placements under an approved training pathway in regional, rural and remote locations (Modified Monash [MM] 3-7) within Australia; and
2. have an eligible current Medicare provider number; and
3. have provided current bank account details to Human Services specifically for the GPRIP.

Medical practitioners accessing GPRIP for incentive payments are assessed based on:

- the amount of eligible services provided within a payment quarter period in an eligible location in a category MM3-7; and
- duration of active service within the program.

Payments are determined by activity within quarters.

Quarter One – July, August, September

Quarter Two – October, November, December

Quarter Three – January, February, March

Quarter Four – April, May, June

GPRIP Sessions

Activity in each quarter is captured in 'GPRIP sessions'. A GPRIP session under the FPS refers to a period of three hours minimum in which a medical practitioner provides eligible GPRIP services (regardless of whether the MBS was billed) and/or undertakes eligible GP Registrar training. (See the [Alternative Employment and Top-Up Provisions](#) section for more information.) A maximum of TWO sessions can be claimed per day.

NOTE: PLEASE RECORD ALL TIME SPENT PROVIDING GPRIP ELIGIBLE SERVICES OR TRAINING OVER THE RELEVANT QUARTERS, REGARDLESS OF WHETHER THE SERVICES WERE MBS BILLED OR WHETHER YOU HAVE RECEIVED A PAYMENT UNDER THE CPS. FOR MEDICAL PRACTITIONERS PARTICIPATING IN THE STAGE ONE TRIAL OF THE HEALTH CARE HOMES INITIATIVE, ALL SERVICES PROVIDED TO ENROLLED HEALTH CARE HOMES PATIENTS SHOULD ALSO BE INCLUDED IN THE SESSION COUNT.

An active quarter is where a medical practitioner completes at least 21 sessions within MM3-7 locations in the quarter. This is the minimum quarterly activity threshold for the FPS. A quarter must meet this threshold to count toward a potential payment.

An inactive quarter is where a medical practitioner completes less than 21 sessions and is not eligible for payment.

Medical practitioners who are billing the MBS for some services and meet the threshold to trigger a CPS payment, but who also have other eligible non-Medicare services to claim under the FPS, can apply through the FPS for a top-up payment. When applying for a top-up payment, medical practitioners will need to account for all eligible activity, including that for which a CPS payment may have been generated.

Medical practitioners who complete 104 or more eligible sessions within a quarter meet the threshold condition for maximum payment. This is the maximum quarterly activity threshold for the FPS.

FPS Provisions

To be eligible, medical practitioners must provide **eligible non-Medicare services and/or undertake eligible training** (See the [Eligible GP Registrar Training Placements](#) section for more information) in eligible regional, rural and remote locations in Australia through the Alternative employment or Special Top-Up provisions outlined in the tables below.

All eligible services are required to be in relation to direct clinical engagement with a patient(s) and Special Top-Up services must be provided by the medical practitioner to the patient(s) physically within the eligible location category.

Location	Alternative Employment
MM3-7	Medical practitioners (including GP Registrars) working for: <ul style="list-style-type: none"> • Aboriginal Medical Services (AMS); or • the Royal Flying Doctor Service (RFDS) for overnight stays.*
MM6-7	Commonwealth or State salaried medical practitioners providing primary care services; or Medical practitioners performing procedural services to private patients in a hospital setting.
MM1-2**	Eligible AGPT or ACRRM Independent Pathway GP Registrars training in MM1-2 locations regardless of their Medicare billing levels.
MM3-7	GP Registrars on an approved pathway in an eligible training placement who are not billing the MBS sufficiently to reflect the services they have provided.

**Note: Medical practitioners employed by the RFDS and based in MM1 or 2 locations are eligible to apply only for primary care services delivered in association with an overnight stay in MM3-7 (either before or after). Those who are based in MM3-7 can apply for all eligible primary care services offered within MM3-7 locations.*

***Note: MM1 and MM2 locations only include selected AGPT or ACRRM Independent Pathway GP Registrar training placements. (See the [Eligible GP Registrar Training Placements](#) section for more information.)*

Location	Special Top-Up Provisions <i>(Only where the minimum quarterly threshold has been met for eligible clinical services in all quarters)</i>
MM6-7	Medical practitioners (including GP Registrars) who undertake: <ul style="list-style-type: none"> • excessive travel time* to provide outreach services • population health work in Aboriginal communities • essential services to a relatively small community • support to Aboriginal health workers

**Note: Excess travel time is considered three or more cumulative hours per week. Travel time must be from the practice location in which the medical practitioner is based, to the location in which they are providing outreach services in MM6-7. Travel time sessions must be of a minimum of three hours and are included in the TWO sessions per day limit.*

Eligible Locations

Eligible locations are those in Australia within categories MM3-7 of the Modified Monash Model (MMM). Eligible services are based on the practice or outreach location, regardless of medical practitioner or patient address. In order to be eligible for Alternative Employment or Special Top-Up provisions, services or training must be in the relevant location category listed in the Alternative Employment and Special Top-Up Provisions tables. The MM category of any location can be determined using the locator map on the [DoctorConnect website](#).

Eligible GP Registrar Training Placements

GP Registrars undertaking training placements under the AGPT program or the ACRRM Independent Pathway are eligible to apply for payment under the FPS, where MBS records do not reflect their services/training. Eligible training placements are those located in Australia within categories MM3-7. Selected training placements in MM1-2 locations may be eligible. AGPT GP Registrars on the rural pathway completing relevant training placements in MM1-2 locations (Advanced Rural Skills Training or Advanced Specialised Training) are eligible for incentives if the training is authorised by their Regional Training Organisation (RTO) as being eligible. The relevant RTO will be required to support its decision. Eligible training placements do not include the compulsory hospital year required by the Royal Australian College of General Practitioners or core clinical training year required by the ACRRM. All other registrar training undertaken in hospitals in MM3-7 locations is eligible. Registrars on the ACRRM Independent Pathway who required training in an MM1-2 location will have the eligibility of this training considered on a case-by-case basis in consultation with their approved supervisor, RWA and the Department of Health.

Payment Timing: When Should I Apply?

All continuing medical practitioners, as well as new participants to the program practising predominantly in MM6-7 locations (≥50%), will be eligible for a payment on completion of four active quarters within an eight quarter period.

New participants to the program (those who have not received a GPRIP payment for services in the last six years) practising predominantly in MM3-5 locations (>50%) should apply for an initial payment after completing eight active quarters within a 16 quarter period.

Application Timeframes

In the following application form you will need to cover a period of between four and eight active quarters to be eligible for a payment. Please attach additional pages if required. If you would like to determine the period appropriate to your particular circumstances, please contact your RWA.

All continuing medical practitioners, as well as new participants to the program billing predominantly in MM6-7 locations (≥50%), who submit an application will only be assessed on the eight quarters prior to the quarter in which the application is received by the RWA. This means that medical practitioners are only allowed to claim retrospective payment/s dating back two years from the quarter their application is received by their RWA.

Note: Work completed prior to 1 July 2015 will not be assessed.

New participants to the program billing predominantly in MM3-5 locations (>50%) who submit an application will only be assessed on the 16 quarters prior to the quarter in which the application is received by the RWA. This means that medical practitioners are only allowed to claim retrospective payment/s dating back four years from the quarter their application is received by their RWA.

Note: Work completed prior to 1 July 2015 will not be assessed.

If a medical practitioner has billed Medicare enough to meet the threshold and receive a payment under the CPS but has done extra work over that payment period that was not captured in Medicare billing, they will have **six months** from the date of the CPS payment advice letter to submit an FPS Application Form that captures **all** time spent providing all eligible services related to that payment period.

What Do I Need to Include with My Application?

All applications for Alternative Employment and Special Top-Up Provision incentive payments will require sufficient supporting documentation to confirm the information recorded on the application form. (See the [Supporting Documentation](#) section for more information.) A standard template showing the details required in a letter from a medical practitioner's employer/practice manager can be found at the end of this form.

For More Information

Further information on the GPRIP and FPS can be found in the [GPRIP Program Guidelines](#).

For any queries or assistance related to the FPS, please contact the RWA in the state or Northern Territory in which you provided the majority of eligible services:

State/Territory	Name	Contact Email	Contact Number
Northern Territory	Northern Territory Primary Health Network	gprip@ntphn.org.au	(08) 8982 1000
South Australia	Rural Doctors Workforce Agency South Australia	gpservices@ruraldoc.com.au	(08) 8234 8277
Western Australia	Rural Health West	accounts@ruralhealthwest.com.au	(08) 6389 4500
Tasmania	HRPlus Tas	admin@hrplustas.com.au	(03) 6332 8600
New South Wales	New South Wales Rural Doctors Network	gpgrants@nswrdn.com.au	(02) 4924 8000
Queensland	Health Workforce Queensland	gprip@healthworkforce.com.au	(07) 3105 7800
Victoria	Rural Workforce Agency Victoria	rwav@rwav.com.au	(03) 9349 7800

PART 2 – PRE-APPLICATION CHECKLIST

- Have you provided your current bank account details to Human Services for the GPRIP?

A bank details form is available on the [Human Services website](#) or medical practitioners can update their bank details securely with Human Services via Health Professionals Online Services (HPOS) at humanservices.gov.au/hpos.

- Do you fit into one of the [Alternate Employment or Special Top-Up Provision categories](#)?

- Are aware of what period you are able to claim for?

Refer to the [Application Timeframes](#) section.

- Have you read and understood all the information in [Part 1](#) of the form and checked the GPRIP Program Guidelines for more information if necessary?

Please continue to Next page.

PART 3 – DEFINITIONS OF KEY FPS TERMS USED IN THIS APPLICATION FORM

Key Term	Definition
<i>Payment Quarters</i>	<p>Payment Quarters are prescribed time periods where eligible activity is used to determine if the quarter is active or inactive for a GPRIP payment.</p> <p>Quarter One: July, August, September Quarter Two: October, November, December Quarter Three: January, February, March Quarter Four: April, May, June</p>
<i>Active Quarters</i>	<p>A quarter in which a medical practitioner has provided primary care services with an equivalent billing amount above the minimum quarterly threshold of \$6,000. To apply under the FPS this equates to approximately 21 sessions per quarter or two sessions per week of eligible services, with a minimum of three hours per session.</p>
<i>Eligible Primary Care Services</i>	<p>Eligible primary care services are listed as clinical services from the following sections of the MBS Book:</p> <p>Category 1 – Professional attendances Category 2 – Diagnostic procedures and investigations Category 3 – Therapeutic procedures Category 7 – Cleft lip and cleft palate</p> <p>Eligible services do not include diagnostic imaging, pathology services, dentistry, optometry or bulk billing items 10990, 10991 and 10992.</p> <p>All Telehealth services that are provided within the above categories are included for the assessment of GPRIP. For the purpose of the GPRIP, Telehealth services are based on the medical practitioner's physical practice location.</p>
<i>Eligible Non-Medicare Services</i>	<p>Eligible primary care services under the FPS are broadly equivalent to the eligible primary care services outlined above but are provided outside of the MBS system.</p> <p>Eligible 'Alternative Employment' and 'Special Top-Up Provisions' are the eligible non-Medicare services that attract an incentive payment under the FPS. All eligible services are required to be in relation to direct clinical engagement with a patient(s) and Special Top-Up services must be provided by the medical practitioner to the patient(s) physically within the eligible location category. Note that when applying through the FPS, medical practitioners must apply for all time spent providing GPRIP eligible services, regardless of whether the services were MBS billed.</p>
<i>Eligible Training</i>	<p>GP Registrars undertaking training placements under the AGPT program or the ACRRM Independent Pathway are eligible to apply for payment under the FPS, where MBS records do not reflect their services/training. Eligible training placements are those located in Australia within categories MM3-7 of the MMM. Selected training placements in MM1-2 locations may be eligible. AGPT GP Registrars on the rural pathway completing relevant training placements in MM1-2 locations (Advanced Rural Skills Training or Advanced Specialised Training) are eligible for incentives if the training is authorised by the RTO as being eligible. The relevant RTO will be required to support its decision. Eligible training placements do not include the compulsory hospital year required by the Royal Australian College of General Practitioners or core clinical training year required by the ACRRM. All other training undertaken in hospitals in MM3-7 locations is eligible. Australian Defence facilities are not considered eligible training placements. Registrars on the ACRRM Independent Pathway who required training in an MM1-2 location will have the eligibility of this training considered on a case-by-case basis in consultation with their approved supervisor, RWA and the Department of Health.</p>
<i>Modified Monash Model</i>	<p>The MMM is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities.</p>
<i>New Participant</i>	<p>New participants are medical practitioners who have not previously received incentives under the program, or have not received a payment for activity in the last 24 quarters (six years).</p>
<i>Location</i>	<p>Except in the case of RFDS medical practitioners (or similar), for the purposes of this Application Form, location means the town or locality within Australia where eligible services were provided, or where the practice is located, rather than a suburb of that town or locality. For RFDS medical practitioners, location means the town or locality where the medical practitioner provided eligible services and/or stayed overnight(s) while providing those services.</p>
<i>GPRIP Session</i>	<p>A GPRIP session under the FPS refers to a period of three hours minimum in which a medical practitioner provides eligible GPRIP services (regardless of whether the MBS was billed) and/or undertakes eligible GP Registrar training. A maximum of two sessions can be claimed per day.</p>

PART 4 – FLEXIBLE PAYMENT SYSTEM – APPLICATION

Personal and Contact Details

Title (i.e. Dr)	
Given names	
Family name	
Provider Number (if applicable, list one currently in use)	
Primary Practice Name and Address where providing majority of services and/or undertaking majority of GP Registrar training	
Preferred Mailing Address If different from above	
Daytime phone number	
Mobile phone number	
Fax number	
Email address	

Please continue to Next page.

Current Bank Account Details

Payments will be paid by Electronic Funds Transfer (EFT) into your nominated bank account. Payments cannot be made to credit card, loan or mortgage accounts. **Please sign and date in the table below** to indicate you have provided accurate current bank account details and that you consent for this information to be forwarded to Human Services by the RWA in your state or Northern Territory in order to generate payment.

If a medical practitioner fails to provide correct bank details within the allowed 60 calendar days from the date of the letter sent by Human Services requesting their bank details, their payment will lapse and they will NO LONGER BE ELIGIBLE for that payment. Medical practitioners will only be notified of any new payments that are due. No subsequent letters will be sent regarding the lapsed payment.

BANK ACCOUNT DETAILS	
Name of bank, building society or credit union	
Branch where the account is held	
BSB Number	
Account Number (this may not be the card number)	
Account held in the name(s)	
Signature and Date	

Please continue to Next page.

GPRIP Status and Provisions Details

Please indicate **YES** or **NO** for the following questions. If you are not sure of which eligibility category your work fits into, please contact your RWA.

<p>Have you ever received a GPRIP payment?</p>	
<p>Did you participate in the stage one trial of Health Care Homes over the quarters included in this application?</p>	
<p>Are you applying for eligible primary care services provided while working for the RFDS or an AMS? (Alternative Employment Provision)</p>	
<p>Are you applying for eligible primary care services provided while working as a State salaried medical practitioner in MM6-7? (Alternative Employment Provision)</p>	
<p>Are you applying for eligible work as a medical practitioner performing procedural services to private patients in a hospital setting in MM6-7? (Alternative Employment Provision)</p>	
<p>Are you applying for training on the AGPT or ACRRM Independent Pathway in an eligible MM1-2 location? (Alternative Employment Provision)</p>	
<p>Are you a GP Registrar who was practising in an MM3-7 location and your MBS billing did not reflect your services/training? (Alternative Employment Provision)</p>	
<p>Are you a medical practitioner who provided other activity in MM6-7 locations that may be considered eligible on top of your other clinical services? (Special Top-Up Provision)</p>	

Please complete the Activity Record section on the following pages.

ACTIVITY RECORD

Please complete the activity record in the table on the following pages as required. Keep in mind you will need to cover a period of between four and eight quarters to be eligible for a payment. Please attach additional pages if required. If you would like to determine the period appropriate to your particular circumstances, please contact your RWA.

Please remember that 'GPRIP sessions' are periods of a minimum of three hours in an eligible location, in which a medical practitioner (including GP Registrars) provides eligible GPRIP services and/or undertakes eligible GP Registrar training:

Clinical Sessions*

- Provided clinical services for the RFDS or an AMS (MM3-7). *Please see the note below the [Alternative Employment table for information on the RFDS eligibility.](#)*
- Was a state salaried medical practitioner providing primary care services (MM6-7).
- Was a medical practitioner performing procedural services to private patients in a hospital setting (MM6-7).
- Was an AGPT or ACRRM Independent Pathway GP Registrar training in selected eligible MM1-2 locations regardless of MBS billing levels.
- Was a GP Registrar in an eligible training placement who was not billing the MBS sufficiently to reflect the services they have provided (MM3-7).

Travel Sessions**

- Undertook excessive travel time to provide outreach services (MM6-7).

Other Sessions***

- Provided population health services in Aboriginal communities (MM6-7).
- Provided essential services to a relatively small community (MM6-7).
- Provided support to Aboriginal health workers (MM6-7).

A maximum of TWO sessions can be claimed per day. To claim the 'Travel' or 'Other' sessions above, you must have undertaken at least 21 clinical sessions per quarter, across all quarters.

NOTE: PLEASE RECORD ALL TIME SPENT PROVIDING ELIGIBLE GPRIP SERVICES OR TRAINING OVER THE RELEVANT QUARTERS, REGARDLESS OF WHETHER SERVICES WERE MBS BILLED OR WHETHER YOU HAVE RECEIVED A PAYMENT UNDER THE CPS. FOR MEDICAL PRACTITIONERS PARTICIPATING IN THE STAGE ONE TRIAL OF THE HEALTH CARE HOMES INITIATIVE, ALL SERVICES PROVIDED TO ENROLLED HEALTH CARE HOMES PATIENTS SHOULD ALSO BE INCLUDED. SESSIONS MUST BE IN RELATION TO DIRECT CLINICAL ENGAGEMENT WITH A PATIENT(S).

Quarter One: July, August, September

Quarter Two: October, November, December

Quarter Three: January, February, March

Quarter Four: April, May, June

Please note this form continues after the activity record tables.

Please continue on page 16.

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

QUARTER NUMBER		CALENDAR YEAR				
Placement location/Address	Date commenced	Date ceased	Name of Employer/Practice	Number of clinical* sessions per week	Number of travel** sessions per week	Number of other*** sessions per week
Total Number of Sessions for Quarter						

PART 5 – DOCUMENTATION AND DECLARATION

Supporting Documentation

All FPS Applications must be submitted with supporting documentation.

Alternative Employment

A letter from the medical practitioner's employer/practice manager must be submitted with ALL applications. This letter must state the dates, hours and number of days that the medical practitioner practised over the relevant active quarters at each location. A standard template showing the details required is attached at the back of this form.

Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

Special Top-Up Provisions

A letter from the medical practitioner's employer/practice manager must be submitted with the application stating the dates the medical practitioner practised over the relevant active quarters at each location, along with brief details of the type of activity considered as falling under the Special Top-Up provisions, including the travel time. (To be included, travel time must be over three cumulative hours per week from the practice location in which the medical practitioner is based, to the location in which they are providing outreach services in MM6-7). Please see the standard template attached showing the details required.

Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

RFDS

In order to include travel, the RFDS medical practitioner needs to provide a covering letter from the RFDS with the following information for the relevant quarters:

1. the location and overnight location associated with each eligible session;
2. the total number of eligible sessions per week (this must not exceed a maximum of two sessions per day, including travel time).

GP Registrars

All GP Registrars will need to have their session records confirmed and signed by their RTO (if on AGPT) or by their approved Supervisor (if on ACRRM's Independent Pathway) on a Registrar Training Confirmation Form to be submitted with this application to the relevant RWA.

All AGPT or ACRRM Independent Pathway GP Registrars who have completed authorised training in MM1 and MM2 locations will need to have the placement confirmed and signed off on the Registrar Training Confirmation Form to be submitted with this application to the relevant RWA.

Consent to Release Information

To be able to complete the eligibility assessment process and calculate payments, RWAs may need to obtain MBS service and billing history for the medical practitioner, from the Department of Human Services. RWAs also need to provide information to the Department of Human Services and the Department of Health for the purposes of monitoring, reviewing and evaluating the program, and to ensure any future payments to you under the CPS and the FPS are correct.

RWAs will use personal information held by them only for the purposes of administering the FPS. They are bound by the Information Privacy Principles contained in the *Privacy Act 1988* to the extent that the content of those principles applies to the activities they are undertaking in administering the FPS, as if they were agencies as defined in that Act.

A condition of eligibility is that the RWA in your state or Northern Territory:

- (a) has access to your data as recorded by the Department of Human Services in order to assess your eligibility for a payment and to calculate your payment level (if appropriate); and
- (b) is able to provide the information contained in your Application Form and the outcome of your application to the Australian Government Department of Health and the Department of Human Services for the purposes of administering, monitoring and evaluating GPRIP.

Note: If you choose to provide your bank account details on this form, you are permitting the relevant RWA to forward them to the Department of Human Services to process your payment. Alternatively, you can supply your bank account details directly to Human Services via the bank details form available on the [Department of Human Services website](#) or you can update your bank details securely with Human Services via Health Professionals Online Services (HPOS) at humanservices.gov.au/hpos.

You may withdraw your consent to the collection, use and disclosure of your personal information at any time by contacting 1800 010 550. However, please be aware that if you withdraw your consent you may not be able to be provided with FPS related services or payments under the GPRIP.

Signed Declaration

I declare that:

- The information that I have supplied in this application form is true and correct in every particular and a form for this activity period cannot be resubmitted unless requested. I understand there are penalties that apply to providing false information.
- I will advise the RWA in my state or Northern Territory within 14 days of any change in my personal details or circumstances (this cannot include changes to my Activity Record).
- I am aware that agreement to the release of information as specified above is a condition of eligibility for a payment under the FPS, and I hereby consent to the release of such information for the purposes as specified.

Signature

..... Date:/...../.....

The General Practice Rural Incentives Program is subject to change or termination at any time, depending on Government policy. Payments are made on a discretionary basis and medical practitioners do not have a legally enforceable entitlement to these payments.

Please complete the checklist on the following page.

PART 6 – PRE-SUBMISSION CHECKLIST

Have you completed all the parts of this form in full?

Incomplete forms may delay determination of eligibility and a potential payment.

Have you attached the supporting documentation required to justify your claim?

See the [Supporting Documentation](#) section for further information.

Have you signed the declaration on page 17?

End of Application

See Standard Letter Template on the Following Page

[Date]

Dear Rural Workforce Agency,

I can confirm that Dr **[First Name] [Last Name]** has been employed at **[Practice Name]**, located at **[Practice Address]**, as a **[Job Title]** for the period of **[*Insert Application Period* Day, Month, Year] to [Day, Month, Year]**.

This location **[is OR is not]** participating in stage one of the Health Care Homes initiative.

During this time, Dr **[Last Name]** has provided approximately **[insert number]** hours over a period of **[insert number]** days of eligible primary care services from **[this location OR list relevant locations]**.

*****Only include the section below if application includes a claim under the Special-Top Up provisions*****

Additionally, over the period from **[Day, Month, Year] to [Day, Month, Year]**, Dr **[Last Name]** undertook approximately **[insert number]** hours per week additional activities in the following remote or very remote locations (Modified Monash 6 or 7): **[list locations]**, including (tick all that apply):

- excessive travel time of more than three cumulative hours to provide outreach services
- population health work in Aboriginal communities
- essential services to a relatively small community
- support to Aboriginal health workers

Yours sincerely,

[Practice Manager or Employer Signature

Full Name

Job Title]