

APPLICATION FOR COURSE COST REIMBURSEMENT

- This application is for reimbursement to GP Registrars for courses undertaken during training as per GPTQ's *Course Cost Reimbursement*.
- Courses for rurally based GP Registrars which do not attract reimbursement under any category of the Course Cost Reimbursement policy, may still be eligible for reimbursement under GPTQ's *Rural Support*.
- All applications must be submitted as soon as possible after course completion.
- Please submit application to: Email cot@gptq.qld.edu.au or Fax 07 3552 8108.

GP Registrar Name		
Postal Address		
	Is this a change of address for GPTQ's records? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Course Name		
I am applying for the following reimbursement (tick the relevant Category):	Please include the following supporting documents and/or information:	Amount being claimed:
<input type="checkbox"/> Category 1 ALS/Emergency Course (max \$500)	<ul style="list-style-type: none"> • Tax invoice for course fees • Certificate of successful completion 	\$
<input type="checkbox"/> Category 2 Special Service Delivery Requirements Course (max \$500)	<ul style="list-style-type: none"> • Application for Pre-Approval of Course Cost Reimbursement • Tax invoice for course fees • Certificate of successful course completion 	\$
<input type="checkbox"/> Category 3 GPTQ funded REST Course	<ul style="list-style-type: none"> • No reimbursement available • GPTQ funded REST course by invitation only 	
<input type="checkbox"/> Category 4 AST Course (max \$1500 per course for max 2 courses)	<ul style="list-style-type: none"> • Tax invoice for course fees • Certificate of successful completion • Please state below the details of the approval you gained for this course: Date Approval Given: Approval given by whom: (please tick) <input type="checkbox"/> Dr Mike Hurley, Lead Medical Educator - Rural <input type="checkbox"/> Dr Graham Emblen, Director Medical Education 	\$
<input type="checkbox"/> Category 5 50% of the FARGP enrolment fee	<ul style="list-style-type: none"> • I was ratified for FARGP on • I have attached a copy of my FARGP enrolment invoice 	\$
Have you previously applied for or received reimbursement from GPTQ for any courses completed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide details of the course(s) and when it was reimbursed:		

Bank Account Details	
Bank Account Name	
Bank	
BSB	
Account Number	
GP Registrar Signature	
Date	

OFFICE USE ONLY			
Date form submitted			
Course Category Confirmed:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Paperwork complete?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Entered into MyGPTQ and scanned to file		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other courses undertaken during training?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Course Approved by:		Date:	
Where other courses were undertaken during training, Finance to list details of any payments previously made under <i>Course Cost Reimbursement</i> .			
Amount of course cost reimbursement approved:		\$	
Payment Approved by:		Date:	