



## Fee Reimbursement Initiative for eligible Indigenous Trainees Application Form 2022

This form is to be used by eligible Aboriginal and/or Torres Strait Islander, Māori and/or Pasifika trainees to apply for the [Fee Reimbursement Initiative](#).

All information contained in documents referring to the Fee Reimbursement Initiative will be treated by the Royal Australasian College of Physicians (RACP) as Confidential.

Refer to the [Fee Reimbursement Initiative Guidelines 2022](#) for more information about the Fee Reimbursement Initiative, including the eligibility criteria.

A completed Fee Reimbursement Application Form consists of:

- Part A:** Personal details
- Part B:** Training details
- Part C:** Proof of your Indigeneity
- Part D:** Fee reimbursement details
- Part E:** Trainee declaration and sign off
- Part F:** Application checklist

### Use of sensitive information provided in your Application Form

The College acknowledges that some of the information requested in the Application Form is sensitive in nature. The College is conscious of its obligations under anti-discrimination law and has no intention of using the information provided in the Application Form in any way that would contravene those laws. Rather, it is our intention to use the information consistently with the College's [Indigenous Strategic Framework](#).

You are not required by law to provide the information requested in the Application Form but, without it, the College will not be in a position to assess your eligibility for the Fee Reimbursement Initiative.

For details of how the College holds, uses and discloses personal information it collects, and for how to make a complaint about its personal information handling practices or a request to obtain access to personal information held by the College, please see the [RACP Privacy Policy](#).

### Contact

For any assistance or queries regarding the Fee Reimbursement Initiative please contact Alexandra Kinsey via email to [memberservices@racp.edu.au](mailto:memberservices@racp.edu.au)



## Fee Reimbursement Initiative Application Form 2022

Complete the application checklist (Part F) to confirm your completion of all the requirements for the Application Form, including the attachment of any necessary supporting documentation.

Please mark fields that apply.

### Part A: Personal details

**I identify as:**

- Aboriginal
- Torres Strait Islander
- Māori
- Pasifika

Family name

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First name

---

Other names

---

Title

---

Preferred contact address

---

City

---

Postcode

---

Preferred contact number

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Preferred email

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## Part B: Training details

Fill in this section with the relevant training details for 2022.

### I am training in:

- Australia
- Aotearoa New Zealand. If yes, I am directly employed by a District Health Board (DHB)
  - Yes
  - No

### I am training:

- Part-time
- Full-time

### I am a:

- Basic Trainee
- Advanced Trainee

### Division or Faculty or Chapter

- Basic Training Paediatrics and Child Health Division
- Basic Training Adult Medicine Division
- Advanced Training program under the Paediatrics and Child Health Division
- Advanced Training program under the Adult Medicine Division
- Australasian Faculty of Rehabilitation Medicine (AFRM)
- Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
- Australasian Faculty of Public Health Medicine (AFPHM)
- Australasian Chapter of Sexual Health Medicine (AChSHM)
- Australasian Chapter of Palliative Medicine (AChPM)
- Australasian Chapter of Addiction Medicine (AChAM)



## Part C: Showing proof of your Indigeneity

To show proof of your Indigeneity as either Aboriginal and/ or Torres Strait Islander or Māori and/or Pasifika, you must attach supporting information as outlined below.

**Note:** If you have provided your proof of Indigeneity documents as part of a previous Fee Reimbursement Application Form, please indicate this here:

Yes. I have provided proof of my Indigeneity as part of a previous Fee Reimbursement Application Form.

### For Aboriginal and Torres Strait Islander people

Please provide confirmation in writing by the Board of an Aboriginal or Torres Strait Islander incorporated organisation that you meet all of the following:

- You are an Aboriginal and/or Torres Strait Islander person by descent and
- You identify as an Aboriginal and/or Torres Strait Islander person and
- You are recognised by the Aboriginal and/or Torres Strait Islander community through which you are associated as an Aboriginal and/or Torres Strait Islander person.

Where you are unable to meet these criteria, you may be asked to provide proof that you have learnt Aboriginal and/or Torres Strait Islander cultural knowledge throughout your life.

If you would like any advice or assistance with meeting these requirements, please contact Alexandra Kinsey via email to [memberservices@racp.edu.au](mailto:memberservices@racp.edu.au)

### For Māori

Please choose one preference from the options below:

A letter of support from a Kaumātua endorsing your whakapapa

A letter from your iwi confirming your iwi/hapū registration

Other. Please specify:

### For Pasifika

Please choose one preference from the options below:

A letter from a Pasifika education institution, faculty, school, department or government body that you have been recognised as Pasifika

A letter of recognition from an Indigenous/Pasifika Community Group, Pasifika cultural leader or church minister

Other. Please specify:



**Part D: Fee reimbursement details**

I am applying for reimbursement of my:

2022 annual training fee  
 and/or

2022 exam fee/s

**To apply for reimbursement of your annual training fee, please confirm:**

I have paid my 2022 annual training fee:

Yes

No

**To apply for reimbursement of your exam fee/s for 2022, please include the required details in the table below:**

Exam name	Exam fee paid (Y/N)	First attempt at exam (Y/N)
E.g. Divisional Written Exam		
E.g. AFOEM Stage B Practical Examination		

**Note:** The Initiative is only valid for the first attempt at any exam that is part of the College's Basic or Advanced Training Programs

I am not receiving any grants, funding, scholarship or other payment from any other sources for the training and/or exam fee/s being sought for reimbursement applied for in this Application Form.



**Part E: Declaration and sign off**

*I acknowledge that I have read and understood the [Fee Reimbursement Initiative Guidelines](#). I understand that the Initiative is also subject to the provisions of the [College Fee Terms and Conditions](#) and I agree to be bound by all terms and conditions in that document and this Application Form.*

*I certify that the information I have provided in this Application Form and any supporting documentation is complete, true and correct and that, if requested, I can provide evidence of any information included in or attached to this application.*

*I understand that if my application is successful, I will be contacted by the College to confirm my acceptance to participate in the Initiative and further to provide my payment details to process the fee reimbursement/s applied for.*

*I authorise and consent the College to access, use and store any information I have submitted as part of my Fee Reimbursement Initiative Application Form or related training and/or exam registration and payment.*

*I agree that the information I have provided in this Application Form will be used for the purpose of assessing my suitability for the Fee Reimbursement Initiative and consistently with the College's Indigenous Strategic Framework.*

Applicant signature	
Print first and last name	
Date	



**Part F: Application checklist**

Refer to the checklist below to confirm you have completed all the necessary application steps.

<input type="checkbox"/>	Read the <a href="#">Fee Reimbursement Initiative Guidelines</a>
<input type="checkbox"/>	Complete all sections of the Fee Reimbursement Application Form (Parts A – F)
<input type="checkbox"/>	Attach supporting information to show proof of your Indigeneity (Part C) unless this proof was sufficiently provided in a previous application to the Initiative.
<input type="checkbox"/>	Sign the declaration (Part E)
<input type="checkbox"/>	Email the completed Application Form and supporting information by the closing date.

**END OF APPLICATION FORM**