

* ALL Fields are Mandatory to Complete *

PERSONAL DETAILS

Surname		Given Names	
Title		Date of Birth	____/____/____
Employee ID		Position Title	
Your Physical Address			
Your Postal Address			
Home Phone Number		Mobile Phone Number	
Email Address			

SCHOLARSHIP TYPE AND DISCIPLINE (Please tick one)

<input type="checkbox"/> Rural Scholarship Scheme <input type="checkbox"/> Allied Health 'Area of Priority' Scholarship <input type="checkbox"/> Bonded Medical Scholarship (Griffith)		Dentistry		Pharmacy
		Dietetics / Nutrition		Physiotherapy
		Medicine		Podiatry
		Nursing		Psychology (Clinical Masters)
		Occupational Therapy		Radiography
		Oral Health		Social Work
		Orthotics & Prosthetics		Speech Pathology

EMPLOYMENT DETAILS

Hospital/District currently working at			
Start Date <small>(Hospital you are currently at)</small>	____/____/____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Line Manager Name			
Position Title <small>(Your Line Manager)</small>		Line Manager Phone Number	
Have you discussed this with your Line Manager?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

REASON FOR TRANSFER

Reason: <input type="checkbox"/> Personal <input type="checkbox"/> Compassionate <input type="checkbox"/> Medical	

NB: Supporting documentation must be attached from a GP or other health professional if indicating medical reasons.

Please continue to page 2.

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TRANSFER LOCATION PREFERENCE

Preference 1	
Preference 2	
Preference 3	

TRAINING AND PROFESSIONAL DEVELOPMENT

Please list any training and professional development you have completed	

DECLARATION – (Scholarship holder to complete)

Signature		Date	
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OFFICE USE ONLY			
Current Location		Proposed Location	
	History / Issues:		
	<input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED		
Project Officer Name:			
Signature		Date	
Supported by	<input type="checkbox"/> SUPPORTED <input type="checkbox"/> NOT SUPPORTED		
Principal Project Officer		Date	
MANAGER, OFFICE OF RURAL HEALTH			
	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		
Signature		Date:	