TAHRGETS Application Form 2021/2022
Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the TAHRGETS guidelines:

TAHRGETS Program Guidelines

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this program.

If you have any questions in regards to these eligibility criteria, please contact **TAHRGETS@sarrah.org.au**

Confirmation of Eligibility

I confirm that the organisation applying...

is an NGO or private sector organisation providing allied health services *
○ Yes ○ No

is located in and/or provides services to MMM 3-7 zones *
○ Yes ○ No

has read and understands the program guidelines *
○ Yes ○ No

agrees to meet the mandatory requirements of the pathway (supervision, minimum study or development time, will enable participation in a project) *
○ Yes ○ No

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy statement, go to **Privacy and Copyright Statement - SARRAH**

Organisation Details

Organisation name *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Organisation Primary Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Organisation Postal Address
Address

Primary contact person *
First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Business Owner, Allied Health Team Leader

Phone number *

Must be an Australian phone number.

Email address *

This is the address we will use to correspond with you about your application

Organisation Details

* indicates a required field

What is your organisation's purpose? *

Which of the following best describes your organisation? *

- ○ Private Practice/for profit
- ○ Healthcare not-for-profit
- ○ Disability not-for-profit
- ○ ACCHO
- ○ Something Else

Please choose the option that best applies to your organisation.

Please describe your organisation

How many employees work at your organisation? *

Must be a number.

How many of your employees are Allied Health professionals? *

Must be a number.

What Allied Health or other services does your organisation provide? *

What sectors/funding models does your organisation provide services. i.e. medicare, aged care, NDIS, education, justice

Which Allied Health professions work in your organisation?
☐ Dietician
☐ Exercise Physiologist
☐ Medical Imaging
☐ Occupational Therapist
☐ Pharmacist
☐ Physiotherapist
☐ Podiatrist
☐ Psychologist
☐ Social Worker
☐ Speech Pathologist
☐ Other:

How would you describe your organisation's locality? *
☐ My organisation is based in and provides services to, clients in localities described as MMM 3 - 7
☐ My organisation is based in an MMM1 or MMM2 locality, but a significant proportion of clients seen by the training position are in MMM3 – 7
☐ Other:

Estimated proportion of training position caseload that is MMM 3 – 7: *

States serviced

In which states do you provide services?
☐ Australian Capital Territory
☐ New South Wales
☐ Northern Territory
☐ Queensland
☐ South Australia
☐ Tasmania
☐ Victoria
☐ Western Australia

ACT

Please select your suburb(s) that your organisation is providing allied health services to.

You can select multiple suburbs.

Select suburb

New South Wales

Please select your suburb(s) that your organisation is providing allied health services to.

You can select multiple suburbs in each field.

Select suburb A-B

Select suburb C-G

Select suburb H-M

Select suburb N-S

Select suburb T-Z

Northern Territory

Please select your suburb(s) that your organisation is providing allied health services to within this state.

You can select multiple suburbs.

Select suburb

Queensland

Please select your suburb(s) that your organisation is providing allied health services to within this state.

You can select multiple suburbs in each field.

Select suburb A-F

Select suburb G-M

Select suburb N-Z

South Australia

Please select your suburb(s) that your organisation is providing allied health services to. You can select multiple suburbs in each field.

Select suburb A-M

Select suburb N-Z

Tasmania

Please select your suburb(s) that your organisation is providing allied health services to. You can select multiple suburbs.

Select suburb

Victoria

Please select your suburb(s) that your organisation is providing allied health services to. You can select multiple suburbs in each field.

Select suburb A-F

Select suburb G-M

Select suburb N-Z

Western Australia

Please select your suburb(s) that your organisation is providing allied health services to within this state.

Select suburb A-L

Select suburb M-Z

Does your organisation provide services to people who identify as Aboriginal or Torres Strait Islander? *

What estimated percentage of your organisation's caseload delivers services to people who identify as Aboriginal or Torres Strait Islander?

As a percentage

Organisation Application

* indicates a required field

Why is your organisation suited to the Allied Health Rural Generalist Pathway?

Can your organisation support the following study and development requirements of the program?

a. Facilitate work integrated learning through the provision of 0.1-0.2 FTE for study, supervision and service development

○ Yes ○ No

b. Provide supervision with a formal development plan

○ Yes ○ No

This may be equivalent to your organisation's existing supervision/training plan

c. Enable the employee to participate in a service development project

○ Yes ○ No

Does your organisation already have a supervision and professional development program for early career professionals? If so please provide a brief description or attach a copy of relevant policy or documentation. *

Attach a file:

Does the person responsible for supervision have an understanding of the AHRGP and are they supportive of the training position being identified as a rural generalist?

Who will be responsible for the service development project (e.g. senior allied health professional, manager)? Will they be allocated resources (e.g. time, project management training) to work with the training position to achieve project deliverables?

Trainee Details

* indicates a required field

SARRAH recognises the potential benefits to trainees and organisations offered by cohort learning, and as such supports applications for multiple positions within organisations.

Each organisation may apply for up to eight training positions. These positions may be distributed across existing positions, recruitment opportunities and AHRG program levels according to organisation preferences.

How do you wish to utilise the TAHRGETS Program? *

- ○ Support Existing Employee(s)
- ○ As a Recruitment Tool
- ○ Both

Existing Employee Application

Please provide the details of trainee applicants for positions to support an existing allied health professional(s), who is a citizen or permanent resident of Australia and employed in your organisation.

Trainee

First Name

Last Name

Trainee AH Discipline

- ○ Pharmacist
- ○ Physiotherapist
- ○ Psychologist
- ○ Social Worker
- ○ Occupational Therapist
- ○ Speech Pathologist

- ○ Dietician
- ○ Podiatrist
- ○ Radiographer/Sonographer

New Question

- ○ Exercise Physiologist

AHRG Level Requested

Trainee Years in Position

Must be a number.

Trainee Primary Phone Number

Must be an Australian phone number.

Trainee Primary Email

Must be an email address.

Trainee residency status

- ☐ Australian citizen or permanent resident
- ☐ Australian temporary resident
- ☐ Resident or citizen of another country
- ☐ Other:

note: residency status may affect education course fees for level 2 trainees.

Recruitment Tool

Complete this section if you wishing to recruit to a new position packaged as an AHRG training position, supported by the workforce employment scheme.

Number of positions requested

What Trainee Level position requested?

- ○ Level 1
- ○ Level 2 (not available at present)
- ○ Both

Number of Level 1 positions

Number of Level 2 positions (not available at present)

Disciplines recruiting

- ☐ Dietician
- ☐ Medical Imaging
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physiotherapist
- ☐ Podiatrist
- ☐ Psychologist
- ☐ Speech Pathologist
- ☐ Social Worker
- ☐ Exercise Physiologist

Timeframe for recruiting (needs to be finalised for start in January 2023)

Will the new allied health professional be based in your organisation's central office or remotely located?

Is there the appropriate workspace, equipment and tools for the new employee?

Project Details

SARRAH requires that all trainees participate in the quality or service improvement project at their organisation. Please complete the details of your preliminary project plans.

Project Title(s)

Please provide a short summary of your intended project(s)

Be descriptive, but succinct.

Participation Acknowledgement

SARRAH is committed to the ongoing development of the workplace and trainees.

The following questions relate to your organisation's participation in SARRAH related activities and the evaluation of the scheme

Do you agree to participate in SARRAH led events and initiatives to support your trainees, including participation in Communities of Practice and regular check-ins with the project support team?

○ Yes ○ No

SARRAH is required to collect data for project monitoring, evaluation and reporting purposes. SARRAH is committed to keeping the required data set minimal and meaningful. Is your organisation committed to complying with SARRAHs reporting requirements? (reporting to include information regarding recruitment and retention, activity related to the training position, outcomes of service development project)

○ Yes ○ No