

Application for the Sexual Health and Blood-borne Virus Program Workforce Education and Training Bursary

The Sexual Health and Blood-borne Virus Program (SHBBVP) has limited funds available to assist people employed within Government and non-government organisations to attend sexual health or blood-borne virus related workforce education and training. Only people working within Western Australia are eligible to apply for a training bursary. Conference attendance will **not** be considered under this bursary program.

The applicant must abide by the terms and conditions of the bursary application process which include:

1. A limit of \$2000 per applicant is available. Applications will be considered on a case-by-case basis and the ability of the applicant to demonstrate application of the training within their day-to-day work. Applicants may only apply for one bursary per financial year.
2. The Applicant must provide evidence of employer approval to attend the training specified on submission of the application form to SHBBVP.
3. The funds will only be used for course fees, travel or accommodation.
4. Once the bursary is approved by SHBBVP, bookings for the nominated course, travel and accommodation are the responsibility of the Applicant or employer organisation.
5. The Applicant will provide a final and only invoice to the Department of Health for course fees, travel or accommodation and evidence of attending the course. Payment of the bursary will not be granted unless all supporting paperwork is provided to the Department of Health. Prepayment for course fees, travel and accommodation will not be granted.

The bursary can only be applied for prior to course enrolment or booking travel and accommodation. Only applicants from rural and remote areas will be eligible for travel and accommodation costs.

Only limited funds are available under the workforce training bursary program. Applications will be considered based on the applicants' ability to demonstrate a need in their work area and application of the skills and knowledge. Applications should be made on the (see link to application) form. Applicants are advised to read each of the Terms of Agreement and ensure evidence of employer approval is obtained before submitting an application form.

Applicants will be notified of the Department of Health's decision by mail within six weeks of applying.

Under no circumstance will bursary payment be made to individuals. Payment will only be made to employer agencies. SHBBVP takes no responsibility for payment if individuals pay for the course/program.

Queries regarding the application process should be directed to:

Miriam Venosa | Personal Assistant | Sexual Health and Blood-borne Virus Program

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e Miriam.venosa@health.wa.gov.au

w http://www.public.health.wa.gov.au/2/1005/0/bursaries_and_scholarships.pm

**Sexual Health and Blood-borne Virus
Workforce Training Bursary Application**

APPLICANT DETAILS

Name: _____

Job Title: _____

Name of Organisation: _____

Postal address: _____

_____ Postcode: _____

Work Telephone Number: _____

Email: _____

COURSE DETAILS

Course Title: _____

Training Provider: _____

Postal address: _____

_____ Postcode: _____

Are you applying for (tick a box):

Course fees Yes [] No [] Amount: _____

Travel costs Yes [] No [] Amount: _____

Accommodation Yes [] No [] Amount: _____

Describe why you are seeking support to attend the course.

Describe how the skills and knowledge will be applied in your current role and work setting:

WORKPLACE APPROVAL

I have read and agreed to the terms of agreement and the employer will take responsibility to book and pay for the training in advance and agrees to be reimbursed upon providing evidence that the employee attending the course/program.

Name of Supervisor/Manager: _____

Title: _____

Application is approved: Yes [] No []

Signature: _____

Date: ___/___/___

TERMS OF AGREEMENT

I understand and acknowledge all the terms of agreement outlined below in relation to applying for a sexual health or blood-borne virus related workforce training bursary:

1. A limit of \$2000 per applicant is available. Applications will be considered on a case by case basis and the ability of the applicant to demonstrate application of the training. Only one course can be applied for per applicant per year.
2. The Applicant must provide evidence of employer approval to attend the training specified. **The employer must agree to book and pay for training in advance and will be reimbursed by SHBBVP. Individuals will not be reimbursed.**
3. The funds will be used for course fees, travel or accommodation. The funds cannot be used for conference attendance.
4. Bookings for the nominated course, travel and accommodation are the responsibility of the Applicant or employer organisation.
5. Once the bursary is approved by SHBBVP, the Applicant will provide a final and only invoice to the Department of Health for course fees, travel or accommodation and evidence of attending the course. Payment of the bursary will not be granted unless all supporting paperwork is provided to the Department of Health.

Signature: _____

Date: ___/___/___

**OFFICE USE ONLY
APPLICATION APPROVAL**

- [] Approved
[] Not approved

Comments on the application:

Name: _____ Signature: _____

Date: ___/___/___

APPLICATION CHECKLIST

Processing checklist and the date actioned:

- [] Manager/organisational approval ___/___/___
[] Terms of Agreement ___/___/___
[] Applicant advised ___/___/___
[] Invoice received from applicant/organisation ___/___/___
[] Payment of invoice authorized ___/___/___