



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

Eligibility for application

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.

Terms and conditions

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

1. The bursary is for the amount of up to A\$2000 only
2. Applications will be considered on a case-by-case basis. Assessment will be based on the applicants' ability to demonstrate the need for this specific workplace education and training, and application of the skills and knowledge in their work
3. Only one bursary will be awarded to the successful applicant per financial year
4. The applicant must provide evidence of employer approval to attend the training specified on the application form submitted to SHBBVP
5. The applicant must undertake and provide evidence of successful completion of the STI or hepatitis on-line training (whichever is applicable) where the training has a clinical component prior to undertaking the course.¹
6. Funds will only be used for course fees², travel or accommodation
7. Once the bursary is approved by SHBBVP, bookings for the nominated course, travel and accommodation are the responsibility of the applicant or the employer organisation
8. The applicant will provide one invoice to the Department of Health for course fees, travel or accommodation, and evidence of attending the course and pre-course on-line training. 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

¹ <http://sti.ecu.edu.au/> and/or <http://hepatitis.ecu.edu.au/>

² Course fees will not be covered where the course is being provided by an agency funded by SHBBVP to provide training



9. The bursary can only be applied for prior to course enrolment or booking travel and accommodation
10. Only applicants from rural and remote areas will be eligible for travel and accommodation costs
11. Under no circumstance will bursary payment be made to individuals. Payment will only be made to employer organisations. SHBBVP takes no responsibility for payment if individuals pay for the course/program

How to apply for the bursary

Applications should be made on the Application for the Sexual Health and Blood-Borne Virus Program Workforce Education and Training Bursary form. Applicants are advised to read each of the terms and conditions, and ensure evidence of employer approval is obtained before submitting an application form.

Queries regarding the application process should be directed to:

Personal Assistant, Sexual Health and Blood-borne Virus Program

Phone: (08) 9222 2355

Fax: (08) 9222 0227

Address: 189 Royal Street, East Perth WA 6004

Email: SHBBVP@health.wa.gov.au

Website: https://ww2.health.wa.gov.au/Articles/S_T/Sexual-health-and-blood-borne-viruses-workforce-development

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



Sexual Health and Blood-borne Virus Workforce Education and 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: _____

I am 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 and conditions outlined below in relation to applying for the Sexual Health and Blood-Borne Virus Program Workforce Education and Training bursary:

1. The bursary is for the amount of up to A\$2000 only.
2. Applications will be considered on a case-by-case basis. Assessment will be based on the applicants' ability to demonstrate the need for this specific workplace education and training, and application of the skills and knowledge in their work.
3. Only one bursary will be awarded to the successful applicant per financial year.
4. The applicant must provide evidence of employer approval to attend the training specified on the application form submitted to SHBBVP.
5. Funds will only be used for course fees, travel or accommodation.
6. Once the bursary is approved by SHBBVP, bookings for the nominated course, travel and accommodation are the responsibility of the applicant or the employer organisation.
7. The applicant will provide one 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.
8. The bursary can only be applied for prior to course enrolment or booking travel and accommodation.
9. Only applicants from rural and remote areas will be eligible for travel and accommodation costs.
10. Under no circumstance will bursary payment be made to individuals. Payment will only be made to employer organisations. SHBBVP takes no responsibility for payment if individuals pay for the course/program.

Signature : _____

Date : ____ / ____ / ____



OFFICIAL USE ONLY

APPLICATION APPROVAL

Approved

Not approved

Comments on the application:

Name: _____ Signature: _____

Date: ____ / ____ / ____

APPLICATION CHECKLIST

Processing checklist and action date:

Manager/organisational approval _____ / _____ / _____

Terms of Agreement _____ / _____ / _____

Applicant advised _____ / _____ / _____

Invoice received from applicant/organisation _____ / _____ / _____

Payment of invoice authorised _____ / _____ / _____

