



**Rural Doctors
Foundation.**

Caring • Committed • Connected

Emergency Relief Funding (up to \$10,000)

Name of organisation (if applicable): _____

Emergency: _____

This is an application of behalf of: An individual A medical practice Other group/business

If an individual application, are you a rural doctor or health professional? Yes No

Are you located in an area assigned MMM3 - MMM7? Yes No

Contact person

Title: _____ First Name: _____ Last Name: _____

Postal Address: _____

Suburb: _____ State: _____ Post code: _____

Phone: _____ Email: _____

Referee 1

Name: _____

Position: _____ Organisation: _____

Phone: _____ Email: _____

Referee 2

Name: _____

Position: _____ Organisation: _____

Phone: _____ Email: _____

Please provide outline of support required:

Levels of relief

Level 1

Up to \$1,000 for individual GPs in rural and remote communities.

Applicants for funding up to \$1,000 will also be asked for one (1) referee.

Level 2

Up to \$5,000 for individual GPs and practices in rural and remote communities.

Applicants for funding up to \$5,000 will also be asked for two (2) referees.

Level 3

Up to \$10,000 for GP practices in rural and remote communities.

Applicants for funding up to \$10,000 will also be asked for two (2) referees and one of these referees must be a medical practitioner.

What level of funding are you seeking? \$ _____