

Regional Training Provider Verification Form – Attachment A

Rural and Regional Teaching Infrastructure Grant applicants – please send this form to your local Regional Training Provider for completion.

Note that the form must be signed and dated by the Regional Training Provider

What is the name of the existing general practice?

Where is the existing general practice located?

Is there current access to teaching and training facilities in the area? Y / N

Does the area require further infrastructure for teaching and training? Y / N

Does the practice hold current accreditation? Y / N

Does the practice hold the necessary requirements in order to gain accreditation? Y / N

If no, what is the approximate timeframe expected for the practice to gain accreditation?

_____ months.

Verified by Regional Training Provider:

Date: _____

Name of person signing: _____

Name of RTP: _____

Signed: