2027 Doctors Grant application
Form Preview

Doctors Grants

* indicates a required field

Eligibility Criteria

Please ensure you have reviewed the eligibility criteria before completing your application.

- You are currently an accredited visiting medical officer or employed Doctor at Epworth.
- You have a minimum of 2 years accreditation as a VMO at Epworth.
- You have no practice restrictions, disclosures or breaches of the By-laws in the past 12 months.
- You did not receive an Epworth Doctors Grant or Scholarship for use in 2026.
- This application is only for activity that takes place in the 2027 calendar year.
- Surgical assistants are not eligible for Doctors Grants.

Applicant Information

Applicant *

Title | First Name | Last Name

Applicant Mobile Phone Number *

Must be an Australian phone number.

Applicant Office Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

AHPRA Registration Number *

Clinical Institute *

Primary Epworth Site *

Upload a copy of your CV *

Attach a file:

No more than 5 pages

Application Detail

* indicates a required field

Overview of Proposed Activity *

Please include specific details such as course name, sites to be visited, dates, experts to engage with etc.

How will this expand your professional practice? *

Please describe how this opportunity will enhance your skills, knowledge, or impact within your professional role.

How is this activity connected to Epworth's service delivery and how will it benefit Epworth patients? *

Please explain how this activity supports Epworth's services and improves outcomes or experiences for Epworth patients.

How will you educate and update your fellow colleagues on your learning? *

Describe your practical plan to implement key learnings at Epworth (who you will engage, what will change, and an indicative timeline).

Please outline recent activities which demonstrate your commitment to healthcare innovation, your development and the development of others *

Please briefly describe recent initiatives that show your dedication to healthcare innovation, continuous learning, and supporting the growth of others.

Budget

* indicates a required field

Provide a budget for up to $10,000 to support your activity.

List all budget items separately.

Budget

Expenditure	**$**

Total Expenditure Amount

This number/amount is calculated.

Certification

I submit my application for an Epworth Doctors Grant and understand my written submission is in accordance with the terms and conditions described in the Applicant Guidelines. *

○ Yes

I understand a copy of my application will be sent to my primary Epworth Site Executive General Manager and/or Clinical Institute Director for endorsement. *

○ Yes