

Application - International Recruitment Subsidy

Primary Care Workforce Programme - Te Whatu Ora Te Tai Tokerau

Name of Practice:

Urban or Rural: Urban / Rural

Full name of GP being recruited:

Start date of contract(DD/MM/YYYY):

Tenure of contract (months):

FTE for new recruit:

Expense types sought for subsidy: **Agency fees** \$
(Please circle all that apply and indicate **Insurance** \$
costs next to each. Evidence will need **Registration** \$
to be supplied later.) **Visa fee** \$
 Travel costs \$
 Other \$

If 'Other' please state details:

Total Expenses (\$) sought for subsidy:

Total current practice GP Headcount:

Total current practice GP FTE (in Te Tai Tokerau clinical setting):

Have you previously applied for this subsidy? Yes / No

(For this recruit or other)

I/we confirm that all details provided are true and correct, and that I/we are authorised to apply for this subsidy on behalf of my/our practice. I/we have read the policy relating to eligibility and conditions of the subsidy, and confirm that the candidate will work the full duration of tenure indicated in a Te Tai Tokerau based primary care clinical setting. I/we understand we may be subject to routine checks in the future to confirm the GP recruited is still employed within a Te Tai Tokerau clinical setting during the indicated tenure of contract. In the event of early termination or release of the recruit I/we may be required to pay back all or some of the subsidy received. I/We acknowledge that Te Whatu Ora Te Tai Tokerau will retain documents supplied as indicated in the policy and process document. I/we also acknowledge it is our responsibility to advise the employee we are sharing this information with Te Tai Tokerau for the purposes of receiving the subsidy, and if not covered in the relevant employee contract we should seek appropriate written confirmation or waiver from said employee.

I/We confirm that all expenses are direct costs to our practice, and are not covered by grants, claims, subsidies, rebates or other reimbursements elsewhere. I/we acknowledge Te Whatu Ora Te Tai Tokerau may approve or decline an application for this subsidy at its absolute discretion.

Name (written) of authorised individual:

Signature:

Date:

Appendix – Checklist

Checklist – supporting documents (not all may apply).
 To be uploaded to link supplied **following** submission of application form.

Employee contract (signed)

Invoice and receipt for employment agency fees

Invoice and receipt for local registration/certification (MCNZ)

Invoice and receipt for visa and travel costs

Invoice to Te Whatu Ora Te Tai Tokerau from your practice for total subsidy amount as indicated in correspondence

Other (please indicate in writing below):

