# RACGP Rural

Rural Procedural Grants Program

User Guide – Claims

March 2021

## Contents

Claim process	3
Section 1: Claimant Details	5
Account Number and Security Question	6
System-populated Claimant Details	7
Section 2: Payment Details	8
Enter your Payment Details	9
Section 3: Claim Activity	
Entering Claim Activity Details	12
Attachments and Declaration	13
Claims – Additional Info requested	16
Updating claims in 'My Tasks'	17
Amending claim information	
Reviewing your changes	
Complete changes for remaining claims and log off	
What happens next?	21
Support	21
Forgotten Password?	21
Forgotten Account Number?	

# Claim process

Log on using your details	
User name or email ad	ldress
Password	
Lo	og On
✔ Keep me logged on	Accessibility Mode 🚯
	Forgotten password?

When you click on the Claim link on the RACGP RPGP web page, you'll be taken to a screen that looks like this.

On your first logon to the system, logon using the email address you supplied during the application process and the password that was sent to you. You'll be required to set a new password.

For subsequent logons, signing in with your email address and password will take you to the Claim form screen.

### Enterprise search



When you logon to the Claims portal, you'll be taken to a screen that looks like this.

Click on the "Rural Grant - Claim Form" button to continue.

## Section 1: Claimant Details

÷	HOME MENU Enterprise search	RURAL GRANT - CLAIM FORM V2	Brian Mannix
Rural	Grants Claim Form		Submit 💽
~ F	urpose		
	Please submit this RPGP claim with relevant supporting evide	ence for each educational activity.	
	Allow up to 30 days for processing and payment once all cor is received.	rect documentation has been submitted. Please note, that claims will not be pro	cessed until all information
~ 5	ection 1: Claimant Details		
	All applicants are required to complete this section.		
	Account Number *		
	Security Question: What is your mothers maiden name? *		
	Title		
	Given Name		
	Family Name		
	RACGP ID (if applicable)		
	Email		
~ 5	ection 2: Payment Details		

This is the Rural Grants Claim form

(Fields marked with a \* are mandatory.)

#### Account Number and Security Question

÷	HOME MENU Enterprise search	RURAL GRANT - CLAIM FORM V2	Brian Mannix
Rura	al Grants Claim Form		Submit 💽
^	Purpose		
	Please submit this RPGP claim with relevant supporting evide	ence for each educational activity.	
	Allow up to 30 days for processing and payment once all cor is received.	rect documentation has been submitted. Please note, that claims will not be processed	l until all information
^	Section 1: Claimant Details		
	All applicants are required to complete this section.		
	Account Number * 00198		
	Security Question: What is your mothers maiden name? *	74	
	Murray	$\odot$	
	Title		
	Given Name		
	Family Name		
	RACGP ID (if applicable)		
	Email		
^	Section 2: Payment Details		
	l consent to the personal information contained in my applic	ation being used in accordance with the Privacy Collection Statement and RACGP Privac	cy Policy.

Enter the account number you were sent, along with your answer to the security question. Click anywhere in the form to populate the claimant details.

## System-populated Claimant Details

÷	HOME MENU	Enterprise search	RURAL G	irant - Claim Form V2		🕘 Brian Mannix
Rura	l Grants Cla	aim Form				Submit 💽
^	Purpose					
	Please submit	this RPGP claim with relevant s	upporting evidence for each e	ducational activity.		
	Allow up to 30 is received.	) days for processing and paym	ent once all correct document	tation has been submitted. Please n	ote, that claims will not be processed	d until all information
^	Section 1: Cla	aimant Details				
	All applicants	are required to complete this s	ection.			
	Account Num 00198	ber *				
	Security Ques Murray	tion: What is your mothers maide	n name? *	74		
	Title Dr					
	Given Name Brian					
	Family Name Mannix					
	RACGP ID (if a	pplicable)				
	Email mtviewnetb	allclub@hotmail.com				
~	Section 2: Pa	yment Details				

The system will populate your personal information into the Claimant details.

#### Section 2: Payment Details

HOME	Enterprise search	RURAL GRAM	NT - CLAIM FORM V2	💮 Brian Mannix
al Gra	ints Claim Form			Submit 💽 🗨
Sectio	on 2: Payment Details			
Lcon	sent to the personal information o	ontained in my application being used in	accordance with the Privacy Collection S	itatement and RACGP Privacy Policy
Pav	Name *			
Bria	an Mannix			
Ban Bar	<b>k Name *</b> nk Name			
Ban 123	k Code (eg. 123-456) * 3-455			
Ban 111	k Account *			
Sectio	on 3: Claim Activity	uni decans are correct before submitting		
Cou	rse Provider *			
Nan	ne of course *			
	Was this training completed online?			
Dat	e From *			
Dat	e To *			
RAC	GP activity number (if applicable)			
Plea	se only select one component	,		
ried.	se only select one component			

If you've made an approved claim before, the system will have pre-populated your payment details. If you've not made an approved claim before, you will need to enter your banking details.

Please ensure that you enter the bank code with a dash between the 3<sup>rd</sup> and 4<sup>th</sup> digits. You will be asked to check a box to confirm that your banking account details are correct.

#### Enter your Payment Details

IOME MENU EIREPHISE SEAFCH	RURAL GRANT - CLAIM FORM V2	Brian Ma
Grants Claim Form		Submit
All applicants are required to complete this section.		
Account Number *		
00198		
Security Question: What is your mothers maiden name? *		
Murray		
Title Dr		
Given Name		
Brian		
Family Name Mannix		
RACGP ID (if applicable)		
Email		
mtviewnetballclub@hotmail.com		
ection 2: Payment Details		
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix	oplication being used in accordance with the Privacy Collection Statement and RACGP Privacy Po	olicy.
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix Bank Name * NAB	oplication being used in accordance with the Privacy Collection Statement and RACGP Privacy Po	olicy.
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix Bank Name * NAB Bank Code (eg. 123-456) * 083-455	oplication being used in accordance with the Privacy Collection Statement and RACGP Privacy Po	olicy.
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix Bank Name * NAB Bank Code (eg. 123-456) * 083-455 Bank Account * 987024	oplication being used in accordance with the Privacy Collection Statement and RACGP Privacy Po	olicy.
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix Bank Name * NAB Bank Code (eg. 123-456) * 083-455 Bank Account * 987024  Please double check your bank account details are corrected	aplication being used in accordance with the Privacy Collection Statement and RACGP Privacy Po	olicy.
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix Bank Name * NAB Bank Code (eg. 123-456) * 083-455 Bank Account * 987024 Please double check your bank account details are corre- ection 3: Claim Activity	ext before submitting*	olicy.
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix Bank Name * NAB Bank Code (eg. 123-456) * 083-455 Bank Account * 987024 Please double check your bank account details are corre- ection 3: Claim Activity Course Provider *	oplication being used in accordance with the Privacy Collection Statement and RACGP Privacy Po	olicy.
ection 2: Payment Details consent to the personal information contained in my ap Pay Name * Brian Mannix Bank Name * NAB Bank Code (eg. 123-456) * 083-455 Bank Account * 987024 Please double check your bank account details are corre ction 3: Claim Activity Course Provider * Name of course *	eplication being used in accordance with the Privacy Collection Statement and RACGP Privacy Pole	olicy.

If your banking details have pre-populated, check that they're still current.

If you wish to use a different account, please update the details, ensuring that there's a dash between the 3<sup>rd</sup> and 4<sup>th</sup> digits of the Bank Code.

## Section 3: Claim Activity

A Section 3: Claim Activity

Course Provider *
Name of course *
Was this training completed online?
Date From *
Date To *
RACGP activity number (if applicable)
Please only select one component
Surgery Days O
Anaesthetics
Anaesthetics Days 0
Obstetrics
Obstetrics Days 0
Emergency Medicine
Emergency Medicine Days 0
Emergency Mental Health

In the claim activity section of the form, check boxes will be ticked for all the components for which you are registered.

The form can only accommodate a claim for ONE component at a time. Please uncheck all components for which you are NOT applying in this instance.

If you wish to split the training into two components you will need to fill in two forms. Please remember to split the dates accordingly i.e. 5 day training course split into 2 days anaesthetics and three days emergency grant done on 01/07/2020 - 05/07/2020 should be listed as 01/07/2020 - 02/07/2020 - 2 days anaesthetic and you would claim the remainder as 03/07/2020 - 05/07/2020 - 3 days emergency claim.

#### Entering Claim Activity Details

l Grants Claim	Form
Course Provider	sts
Name of course <sup>4</sup> Advanced Surg	ery Techniques
✔ Was this train	ing completed online?
Date From *	
31-May-2020	
Date To *	
31-May-2020	
RACGP activity nu	mber (if applicable)
-	
Please only select	t one component
Please only select Surgery Surgery Days 1	t one component
Please only select Surgery Surgery Days Anaesthetics	t one component
Please only select Surgery Days Anaesthetics Anaesthetics Day: 0	t one component
Please only select Surgery Days Anaesthetics Anaesthetics Day: O Obstetrics	t one component
Please only select Surgery Days Anaesthetics Anaesthetics Day: O Obstetrics Obstetrics Days O	t one component
Please only select         Surgery         Surgery Days         1         Anaesthetics         Anaesthetics Day:         0         Obstetrics         Obstetrics Days         0         Emergency N	edicine

Enter the course provider, name and dates from and to.

Emergency Mental Health

0

If the training activity was completed online, please tick the check box.

Then complete the number of days for which you are claiming.

Submit 2

#### Attachments and Declaration

Please attach the following supporting evidence with your claim.	
Courses;	
- Certificate of attendance (must state date(s) attended), and a	
- Program of event defining content of the program or RACGP activity number	
Clinical attachment;	
- Clinical attachment report (please ensure this includes; hours worked each day, your learning objectives, education outcomes and signature from super	visor),
- Letter from the attachment supervisor(s) which includes dates and hours worked	
Other	
- Please attach a bank statement (or) bank deposit slip (or) signed letter from your bank to evidence your bank account details (Name, BSB and account n	umber
∧ Attachment Items	
Attachments	
Drag new attachments nere	+
Bank_statement.docx	
Valid_attachment_1.docx	
Valid_attachment_2.docx	
Signature * Brian Mannix	
Date *	
12-Mar-2021 😵 🏛	
Declaration	
<ul> <li>I declare that I am only registered with one college for grants purposes and am not currently claiming in the RPGP through ACRRM.</li> </ul>	
<ul> <li>I will not obtain support, financial or in-kind to maintain my procedural and emergency skills in addition to that provided by the RPGP program.</li> </ul>	
<ul> <li>I have not applied for support from another source (Government and non-Government) to attend the training session.</li> </ul>	
I have advised the RACGP of any changes to my eligibility status and provided updated documentary evidence to confirm ongoing eligibility for the	progra
<ul> <li>The RACGP may share data (which may include identifying information) relating to this program with the Department of Health for statisti reporting, research and/or policy development purposes.</li> </ul>	cal, ev

Add the required supporting documentation, sign and date the claim.

To submit your claim, click on "Submit" in the top right hand corner of the form.



Click on "Done" to be returned to the Claims Home Screen.





If you wish to enter another claim, click on the "Rural Grants – Claim Form" button.

To log off, click on your name in the top right hand corner of the screen, then click on "Log off".

# Claims – Additional information requested



In the event that not all required information has been supplied with your claim, the Rural Grants team will send an email to you with details of what's required.

To rectify the claim, logon to the Claims Portal using your user id and password.

Click into the "My Tasks" box to see the claim/s that need additional information.

Updating claims in 'My Tasks'

Sarch         P         672         Safetti (a)	± »
A summary T	
P    P    P <t< th=""><th></th></t<>	

You'll see one or more claim forms (tasks) that have been returned to you for additional information. The highlighted claim form will be displayed in preview mode on the right hand side of the screen.

Click on the arrow at the top right of the screen, then click on "Fill Out". The claim will open for editing.

## Amending claim information

=	Assigned to me (3)		
5earch 674 673 672	م	<ul> <li>Rural Grants Claim Form</li> <li>Clinical attachment;</li> <li>Clinical attachment report (please ensure this includes; hours worked each day, your learning objectives, education outcomes and signature from supervisor), or a</li> <li>Letter from the attachment supervisor(s) which includes dates and hours worked</li> <li>Other</li> </ul>	+
		Attachment Items  Attachments	
		Signature * K Lee Dete * 28-jun-2020 © © © 	

Scroll down the form and correct details or add attachments as requested.

Sign and date the form, then click "Save" in the top right-hand corner of the screen to save your changes. You'll be returned to the My Tasks Summary screen.

#### Reviewing your changes

Assigned to me (3)		
<mark>م</mark>	672 Submit 文	
	A Summary	+
	Task Description         Fill out Claims Form         Read         Received         28-Jun-2020 11:27:26	Rural Grants Claim Form     Purpose     Plesse submit this BPGP claim with relevant supporting     Plesse back docational activity.     Allow up to 30 days for processing and payment once all     ord to processed with all information is received.
		Section 1: Claimant Details
		All applicants are required to complete this section.
		Account Number 00171
		Security Question: What is your mothers maiden name? Karen
		Title Dr
		Given Name Katie
		Family Name Lee
		RACGP ID (if applicable)

To review the changes you've made, click on the Refresh button on your browser to refresh the preview.

If you want to make more changes, click on the arrow and "Fill Out" and repeat the previous step.

If you're happy with the changes you've made, click on Submit to re-submit the claim.

Complete changes for remaining claims and log off

+ Home	Enterprise search	
≡	Assigned to me (2)	
Search		P
674		
673		

You'll be returned to the Summary view in My Tasks. Complete the information per the notes for each claim.

Once all claims have been completed, you can use the back arrow to return to the Claims Home Screen or click on your user name to log off.

# What happens next?

Your claim will be reviewed by the RPGP team as soon as possible. You will receive an email within 14 days confirming your claim has been processed and when you can expect to receive the payment, or if more information is needed to process your claim.

# Support

Forgotten Password?

Log on using your details			
User name or email ac	ldress		
Password			
Log On			
Keep me logged on	Accessibility Mode		
	Forgotten password?		

Click on the "Forgotten password?" link

#### Forgot your Password?

Please enter your registered user name or email address to be sent instructions for resetting your password.



Enter your email address and you'll be sent instructions for resetting your password.

Forgotten Account Number?

Contact us on 1800 636 764 | rural.procedural.grants@racgp.org.au