

GP Relocation Grants 2026 EOI

Form Preview

Application Information

* indicates a required field

Application Information

This application form is for the General Practices and Aboriginal Community Controlled Health Organisations located in one of the identified priority LGA's (refer to guidelines) who are undertaking recruitment of a GP from outside of the Hunter New England and Central Coast PHN area to their practice. This may include retention of an existing registrar.

Please ensure that you have read the [Grant Guidelines](#) before proceeding.

The information in this application form if successful, will be used in your Grant Agreement Form. Please check your answers for accuracy including spelling and punctuation.

If you have any questions, please contact **grants@thephn.com.au** or call **1300 859 028** during business hours.

If you do contact us throughout the grant application process, please quote the grant application number below:

Grant Application Number

This field is read only.

GP Relocation Grants

Submitting an EOI does not guarantee allocation of a grant. Applications will be assessed as per the grant criteria and successful applicants notified.

An allocation of a grant does not guarantee that a grant will be paid. Applicants will be required to provide the evidence of recruitment within the timeframes outlined (refer to the Guidelines) to secure the grant payment.

Please select below that you have read, understand and are able to meet the guidelines of this grant. *

☐ Yes

☐ No

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, located [here](#).

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Future Notifications

☐ I DO NOT wish to be notified of upcoming grant opportunities.

Do you wish to declare a conflict of interest? *

☐ Yes

☐ No

Grant applicants must disclose any actual, potential, or perceived conflicts of interests including financial, personal, or professional relationships with those that may be involved in this grant activity.

Conflict of Interest Declaration

Please outline your conflict of interest. You may continue to complete the application form. *

Conflicts will be evaluated.

Contact Details

* indicates a required field

Applicant *

Organisation Name

Name of the General Practice or ACCHO applying for the grant

What type of service are you? *

☐ General Practice

☐ ACCHO

LGA of the Practice *

☐ North West Slopes: Moree Plains, Gwydir, Narrabri, Gunnedah, Tamworth Regional & Liverpool Plains

☐ Northern Tablelands: Tenterfield, Inverell, Glen Innes Severn, Armidale Regional, Uralla & Walcha

☐ Upper Hunter: Upper Hunter Shire, Muswellbrook, Singleton, Dungog

☐ Manning Great Lakes: Mid Coast

The Practice must be located in one of the LGA's listed

Applicant Primary Address (where the GP will be employed) *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Practice Address where the GP will be employed.

Applicant Primary Phone Number *

Must be an Australian phone number.

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General Practice Phone Number

Applicant Primary Email *

Must be an email address.
General Practice email

ABN Registration

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Applicant Contact Information

Applicant Project Contact *

Title First Name Last Name

Contact person for this grant application

Applicant Project Contact Position *

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

Applicant Project Contact Primary Email *

Must be an email address.

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How many GP's are currently employed at the practice? *

Please provide details of full or part time, number of hours per week worked

Please detail the recent activities that you have undertaken to recruit a GP including timeframe *

Please include any recruitment companies, advertising, or other pathways that you have explored. Include the interest or responses to date.

What is the current level of need for a new GP in the Practice and community? *

This may include current patient waitlist.

What special circumstances should be considered that may be affecting the practice or the community? *

GP Recruitment Details

* indicates a required field

GP Relocation Interest

Are you in current negotiations with a GP from outside the HNECC PHN area or have a registrar that you are in discussions with to remain at the practice? *

- ☐ Yes
☐ No

Potential GP Details *

Title First Name Last Name

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Where will the new GP be relocating from? *

Commencement Date or Approximate Date (estimate) *

Must be a date.

Do you have a signed employment contract dated after 1st July 2026? *

- ☐ Yes

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☐ No

Restrospective employment is not eligibile

New GP Contract Details

GP's Employment Contract *

Attach a file:

Please upload a signed copy of the contract that must be dated after 1st July 2026.

Certification

I certify that to the best of my knowledge the statements made within this form are true and correct.

I Agree *

☐ Yes

☐ No

Name *

Title

First Name

Last Name

Position *

Date *

Must be a date.

Thank you for your expression of interest.

HNECC PHN will assess your application and notify you of the outcome.