

### Outreach Support

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Outreach clinics are held in locations where there are no residential clinicians, these clinics are organised by individual faculties.

The UniSA DRH provides Outreach accommodation support payments to students who participate in Outreach clinics in rural locations where there is no DRH accommodation available.

### Who is eligible

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Students who are studying Allied Health and Nursing programs and are required to fund their own accommodation to participate in rural outreach clinics.

Applicants must be Australian Citizens or permanent residents of Australia and studying an Undergraduate program.

Payment amounts for outreach accommodation support vary based on RA codes of the placement town.

- RA2 Inner Regional = \$100 per week
- RA3 Outer Regional = \$150 per week
- RA4 Remote = \$200 per week
- RA5 Very Remote = \$250 per week

### How do I apply

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Complete the attached 2 forms:

- Student and Outreach location details
- Expenditure Claim.

Completed forms along with receipts should be forwarded to:

Department of Rural Health  
University of South Australia, Whyalla Campus  
111 Nicolson Avenue  
Whyalla Norrie SA 5608  
OR  
Fax: (08) 86478156  
OR  
Email: [DRHstudents@unisa.edu.au](mailto:DRHstudents@unisa.edu.au)

### For more information please contact:

Department of Rural Health  
T: 1800 905 825  
E: [DRHstudents@unisa.edu.au](mailto:DRHstudents@unisa.edu.au)

## Accommodation Support Payment Information

This information is required to support your claim for Outreach accommodation support payment, please ensure you attach receipts. Terms and Conditions apply.

STUDENT DETAILS		
<b>Title</b> (Mr/Miss/Ms/Mrs)		
<b>First Name</b>		
<b>Surname</b>		
<b>Student ID</b>		
<b>Address</b> Number, Street State & postcode		
<b>Email Address</b>		
<b>Telephone</b>	H/W	Mobile
PROGRAM DETAILS		
<b>Program Name</b>		
<b>University</b>		

OUTREACH DETAILS	
<b>Location of Outreach clinic</b>	
<b>Date of Outreach clinic</b>	
<b>Name of Accommodation</b>	
<b>Address of Accommodation</b>	
<b>Clinic Supervisor</b>	
<b>Accommodation cost</b>	\$

<b>Signed:</b>	<b>Date:</b>
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**For Office Use only:**

	Initials	Date	Time
Application Received			

Please complete the shaded sections

EXPENDITURE CLAIM : Outreach Accommodation Support Payment							
<b>Payment to:</b> ( PLEASE PRINT FULL NAME )							
<b>Address:</b> ( Number, Street, Suburb, State, Postcode )							
<b>Email Address:</b>							
<b>Student ID No:</b> (IF APPLICABLE – APPLIES TO CRITERIA 1 BELOW)							
Expenditure Details	GST Code	Sub Ledger	Cost Centre – Item Code			Amount \$	
Outreach Accommodation Support Payment	N	AD	076434 - 1701				
<b>Total for Payment</b>							
<b>Requirement for Withholding Tax:</b> Where an ABN is not able to be quoted, 49% of the payment must be withheld unless one of the following items applies. Please choose one of the following criteria:							
1. <input type="checkbox"/> Reimbursement to student / visiting scholar (must attach an original tax invoice/receipt for the expense incurred). 2. <input type="checkbox"/> ABN not required for amounts that do not exceed \$50.00. 3. <input type="checkbox"/> Payment represents residential rent. 4. <input type="checkbox"/> Statement by Supplier (private declaration) provided (where the recipient has no ABN) for payments above \$75.00. 5. <input type="checkbox"/> Prize for which services were not rendered (attach supporting documentation). 6. <input type="checkbox"/> Donation (receipt documenting the donation is attached). 7. <input type="checkbox"/> Payment to an income tax exempt charity or government organisation. 8. <input type="checkbox"/> Refund to customer. Refunds of previously taxed revenue items require an Adjustment Note.							
PAYEE BANK ACCOUNT DETAILS							
<b>Account in the name of:</b>							
<b>Bank:</b>							
<b>Branch:</b>							
<b>BSB number (6 digits):</b>							
<b>Account Number (maximum of 9 digits):</b>							
AUTHORISATION							
I certify that the above expenditure is incurred for official University purposes, is correctly coded and is supported by appropriate documentation.							
<b>Preparer/Claimant (signature)</b>				<b>Approver with VCA (signature)</b>			
<b>Preparer/Claimant's Name (print)</b>				<b>Approver's Name (print)</b>			
Date		Ext		Date		Ext No	