

Accommodation Support

The UniSA DRH provides accommodation support to domestic Allied Health and Nursing students from all universities and Vocational Education and Training organisations who, as part of their studies, are required to complete a **full-time** health placement of **2 weeks or greater** within a rural setting.

Who is eligible

This support is available to you when:

- The DRH accommodation is not available at the site of your placement,
- The DRH does not have accommodation at the site of your placement,
- The DRH can only provide accommodation for part of your placement,
Therefore you are required to pay for alternative accommodation.

Payment amounts for 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

Complete the attached 2 forms:

Student and Accommodation 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

For more information please contact:

Department of Rural Health

T: 1800 905 825

E: DRHstudents@unisa.edu.au

This information is required to support your claim for Accommodation Support Payment, please ensure you attach receipts. Terms and Conditions apply.

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

ACCOMMODATION DETAILS		
Location		
Name of Accommodation		
Address of Accommodation		
Placement Supervisor		
Arrival Date		Departure Date

Signed:	Date:

For Office Use only:

	Initials	Date	Time
Application Received			

Please complete the shaded sections

EXPENDITURE CLAIM : Accommodation Support Payment				
Payment to: (PLEASE PRINT FULL NAME)				
Address: (Number, Street, Suburb, State, Postcode)				
Email Address:				
Student ID No: (IF APPLICABLE – APPLIES TO CRITERIA 1 BELOW)				
Expenditure Details	GST Code	Sub Ledger	Cost Centre – Item Code	Amount \$
Accommodation Support Payment	N	AD	076434 - 1701	
Total for Payment				
Requirement for Withholding Tax: 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				
Account in the name of:				
Bank:				
Branch:				
BSB number (6 digits):				
Account Number (maximum of 9 digits):				
AUTHORISATION				
I certify that the above expenditure is incurred for official University purposes, is correctly coded and is supported by appropriate documentation.				
Preparer/Claimant's Name (print)			Preparer/Claimant (signature)	
Date			Date	