

## Conference Support Payment

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The UniSA DRH provides funds to assist allied health and nursing students who undertake rurally based projects that result in the acceptance of abstracts for presentations or posters at a relevant professional conference. The purpose of encouraging student attendance is to showcase rural placements and learning.

Support payments for travel, conference registration and accommodation: up to \$400\*.

\*This is dependent upon circumstances and availability of funding in the DRH funding pool.

The application process is highly competitive with more applications than funds available. The conference support is a modest amount, however it is expected that students may need additional funds.

## Who is eligible

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Funding is open to UniSA allied health and nursing domestic students currently enrolled in a UniSA degree program.

Applicants can only receive one successful application per year.

Presentations must be directly related to a rural placement/project supported by the UniSA DRH.

Students are required to show evidence of abstract acceptance as part of the application.

**All financial support payments are subject to funding availability.**

## How do I apply

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- Complete the Conference Support Funding Application Form
- Lodge your completed application, along with attachments to [drhstudents@unisa.edu.au](mailto:drhstudents@unisa.edu.au) (attach conference brochure or website details and / or attach abstract or poster)
- Enquires can be directed to Sara Jones, Associate Professor: Rural Health Education and Training [sara.jones@unisa.edu.au](mailto:sara.jones@unisa.edu.au)

## Conditions

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- Successful applicants will be paid funds into their Australian bank account when they can demonstrate evidence of their conference registration or attendance. Acceptable documents include
  - Tax invoice or boarding pass for flights
  - Tax invoice of conference registration
  - Tax invoice of accommodation provider
- Acknowledgement of the funding from the UniSA Department of Rural Health must be included in the presentation or on the poster.
- An academic referee, who may be either a member of the teaching staff with knowledge of the student project requirements or a direct supervisor of the project must be identified.
- Within 2 weeks of returning from the conference, recipients of Conference Support Funding are required to provide Sara Jones Associate Professor: Rural Health Education and Training [sara.jones@unisa.edu.au](mailto:sara.jones@unisa.edu.au) with a 1 page report (max 500 words) detailing the conference experience and benefits/outcomes of the conference. Failure to provide report may forfeit payment.



1	<b>STUDENT DETAILS</b>	
	<b>Title</b> (Mr/Miss/Ms/Mrs)	
	<b>First Name</b>	
	<b>Surname</b>	
	<b>Student ID</b>	
	<b>Citizenship Status</b>	
	<b>Date of Birth</b>	

2	<b>CONTACT DETAILS</b>	
	<b>Address</b> (Number, Street, State & postcode)	
	<b>Email Address</b>	
	<b>Telephone</b>	H/W <input type="text"/> Mobile <input type="text"/>

3	<b>CURRENT PROGRAM</b>	
	<b>Program Name</b>	
	<b>Current Year level</b>	

4	<b>RURAL PLACEMENT DETAILS (relating to this conference application)</b>	
	<b>Placement Location</b>	
	<b>Supervisor (s)</b>	
	<b>Collaborating students</b>	
	<b>Placement Start Date</b>	<input type="text"/> <b>End Date</b> <input type="text"/>

<b>5</b>	<p><b>Conference attendance short paragraph</b></p> <p>Please provide 300 (max) word summary outlining the reasons for attending the conference and how it will benefit you.</p>

<b>6</b>	<b>ACADEMIC REFEREE</b>	
	<b>Name</b>	
	<b>Telephone Number</b>	
	<b>Email Address</b>	
	<b>Academic Signature</b>	<b>Date</b>

<b>STATEMENT OF AGREEMENT</b>	I acknowledge and agree that I will submit a post conference report of 500 words within 14 days of completion of the conference date. Failure to do so may forfeit the Conference Support payment.	
<b>STUDENT SIGNATURE</b>		<b>Date</b>

	<b>CHECKLIST</b>
	<p>Application should include: (tick box)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application Form</li> <li><input type="checkbox"/> Copy of conference abstract/poster</li> <li><input type="checkbox"/> Tax invoice</li> </ul>

## Forward applications to

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

Please complete the shaded sections

EXPENDITURE CLAIM : Conference 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 \$	
<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</b> (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.							
<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	