University of South Australia Department of Rural Health

Great Rural Experience Grant

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The UniSA DRH provides funds to assist domestic allied health and nursing students who are on placement in rural South Australia to participate in extracurricular experiences. The purpose is to encourage students to explore and experience all that Rural South Australia has to offer.

Grants are to assist with visiting attractions, going on tours and exploring the region. Copies of receipts will be required along with a summary of activities undertaken in the region including photos and videos. If you stay overnight outside of your placement location whilst exploring the region, this grant may be used towards accommodation.

The grant is up to the value of \$200.

Eligibility Criteria

This support is available to students who meet with following criteria:

- 1. Enrolled in an Allied Health and Nursing program at any Australian Tertiary Institution including Vocation Education Trainers
- 2. Registered with the UniSA DRH to receive support
- 3. An Australian Citizen, a Permanent Australian Resident or a student on an Australian Permanent Visa
- 4. Recently completed a placement in rural and remote South Australia within one of the below rural categories:
 - RA2 Inner Regional
 - RA3 Outer Regional
 - RA4 Remote
 - RA5 Very Remote
- 5. Placement was 2 consecutive weeks or longer
- 6. Payment amount will be capped at \$200
- 7. Talent release from to be completed
- 8. Photos and/or Videos to be shared; Instagram tags to be used are @unisadrh; #agreatruralexperience

All financial support payments are subject to funding availability.

How to Apply

Complete and return the following forms within 9 weeks of placement completion. Applications received after this time may not be considered.

Applications should include:

- Student and Placement Details Form
- Detailed information regarding the travel, accommodation, attractions, tours, student gatherings
- Photos and/or Videos
- Expenditure Claim form
- Talent Release Form
- Copies of receipts
- Students are to share photos of their experience with DRHstudents@unisa.edu.au or if posting to Instagram tag @unisadrh and use the hash tag #agreatruralexperience

Completed forms along with receipts should be forwarded to:

Email: <u>DRHstudents@unisa.edu.au</u>

For more information please contact:

UniSA Department of Rural Health

T: 1800 905 825 | E: DRHstudents@unisa.edu.au



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STUDENT AND PLACEMENT DE	TAILS				
Title (Mr/Miss/Ms/Mrs):					
Full Name:					
Student ID:					
Email Address:					
Phone/Mobile:					
Program Name:					
University:					
Placement Facility Name:					
Placement Town:					
Placement Start Date:	En	d Date			
CHECKLIST					
Application should include: (tick box) Student and Placement Details Form Detailed information regarding the travel, accommodation, attractions, tours, student gatherings Photos and/or Videos Expenditure Claim form Talent Release Form Copies of receipts					
STATEMENT OF AGREEMENT:	I acknowledge and agree that I have provided evidence and of my Great Rural Experience activity				
STUDENT SIGNATURE		DATE			



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Please complete the shaded sections

EXPENDITURE CLAIM : Great Rural Experience Grant											
Payme	nt to: (PLEASE PRINT FULL NAME)										
Addres (Number,	Street, Suburb, State, Postcode)										
Email A	Address:										
	t ID No: CABLE – APPLIES TO CRITERIA 1 BELOW										
	Expenditure Details	GS ⁻	Su	b Ledg	ger	Co	ost Centr	e – Item (Code	Amo	ount \$
Travel											
Accomi	nodation										
Attract	ion / Tour										
Total fo	or 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:											
 Reimbursement to student / visiting scholar (must attach an original tax invoice/receipt for the expense incurred). ABN not required for amounts that do not exceed \$50.00. Payment represents residential rent. Statement by Supplier (private declaration) provided (where the recipient has no ABN) for payments above \$75.00. Prize for which services were not rendered (attach supporting documentation). Donation (receipt documenting the donation is attached). Payment to an income tax exempt charity or government organisation. Refund to customer. Refunds of previously taxed revenue items require an Adjustment Note. 											
PAYEE	BANK ACCOUNT DETAILS	ı									
Accoun	t in the name of:										
Bank:											
Branch	:										
BSB nu	mber (6 digits):										
	t Number										
	n 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	Name (<i>print</i>)			Preparer/Claimant's signature						
Date		Ext				ate			E	t No	

CONSENT TO USE RECORDED IMAGE, PHOTOGRAPHY, VIDEO, VOICE OR OTHER REPRESENTATION



Recorded person's details	
Name	
UniSA student ID (if applicable)	
Email	
Recording details	
Purpose	Department of Rural Health images for use on social media platforms, app and any other promotional opportunity
Date	
Location	Multiple locations
UniSA contact person	Tracey Watson, Student Liaison Officer (Regional), tracey.watson@unisa.edu.au

- 1. I understand that my image, likeness, photograph, voice, testimonial, name or other representation of me (**Recording**) will be recorded by, or on behalf of, the University of South Australia (**University**).
- 2. I consent to the University (and anyone acting with the University's authority) using, reproducing or editing the Recording:
 - (a) for the purpose described above;
 - (b) for educational purposes;
 - (c) to promote the University and its available courses and programs
- 3. I understand that the Recording may appear, or be referenced in, any medium, including written and photographic publications, websites, audio, video or other media which may exist in the future.
- 4. In exercising the Recording Rights, the University will not intentionally disparage, denigrate or damage my name or reputation.
- 5. I acknowledge that I will not as a consequence of the Recording or providing this consent:
 - (a) acquire any rights over any product which appears in the Recording, or
 - (b) be paid for the Recording or consent, or for participating in the session at which the Recording will be made.
- 6. I release the University (and anyone acting with the University's authority) from any claims relating to the use of the Recording as described in this consent form.

Signature	of records	ed person:
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Date: