

Outreach Support Payment

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 to students who participate in Outreach clinics in rural locations where there is no DRH accommodation available. This Outreach support must be requested and endorsed by the local clinician 2-4 weeks prior to the visit so that appropriate accommodation can be booked on behalf of the student.

Requests for support that fall within the 2 weeks prior to an outreach activity will be the responsibility of the student to book and pay for using this application form to seek support from the UniSA DRH.

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 at location
6. Had to source outreach accommodation due to one of the following:
 - Request for outreach accommodation booking by the UniSA DRH received less than 2 weeks prior to visit,

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

RA2 Inner Regional = \$150 per week

RA3 Outer Regional = \$200 per week

RA4 Remote = \$250 per week

RA5 Very Remote = \$300 per week

All financial support payments are subject to funding availability.

How do I 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, Placement and outreach details
- Supporting evidence by placement supervisor
- Expenditure Claim form
- Copies of receipts

Completed forms along with receipts should be forwarded to:

Email: DRHstudents@unisa.edu.au

For more information please contact:

UniSA Department of Rural Health

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



This information is required to support your claim for Outreach 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			
PLACEMENT DETAILS			
Placement Facility Name			
Placement Town			
Placement Type			
Placement Supervisor			
Start Date		End Date	
OUTREACH DETAILS			
Location of Outreach clinic			
Date of Outreach clinic			
Name of Accommodation			
Address of Accommodation			
Clinic Supervisor			
Accommodation cost	\$		

Signed:	Date:
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For Office Use only:

	Initials	Date	Time
Application Received			

Additional support evidence for Outreach support to be completed by the placement supervisor:

Supporting paragraph on the outreach activity to be undertaken

Please provide a summary outlining the reasons/benefits of the outreach activity for the student on placement, including is this activity is a compulsory part of the placement activity

Supervisors signature:

Date:

Please complete the shaded sections

EXPENDITURE CLAIM : Outreach 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 \$			
Outreach 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 (signature)			Approver with VCA (signature)				
Preparer/Claimant's Name (print)			Approver's Name (print)				
Date		Ext		Date		Ext No	