

Placement Support Payment

The placement support payment is available to domestic Allied Health and Nursing students who undertake a **full-time** placement within a rural setting:

- \$1,000 for 5-7 consecutive weeks
- \$2,000 for 8 or more consecutive weeks

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 either **5-7 consecutive weeks** or **8 or more consecutive weeks**
6. Not be in receipt of any other placement scholarship from UniSA ie UniSA Placement Grant
7. Complete the outcomes of project (if applicable) or benefits to community section of the application form

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 Program details
- Outcomes of project (if applicable) or benefits to community
- Expenditure Claim form

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 be completed for consideration for the DRH Placement Support payment for placements **5-7 consecutive weeks** or **8 or more consecutive weeks**.

Recipients may not be in receipt of other placement grants for the same placement period. Terms and Conditions apply.

STUDENT and PROGRAM DETAILS	
Title (Mr/Miss/Ms/Mrs):	
Full Name:	
Student ID:	
Email Address:	
Phone/Mobile:	
Program Name:	
University:	
Placement Facility Name:	
Placement Town:	
Placement Type:	
Start Date	End Date

If undertaking a project placement:

Please include below the project name and provide a brief description of the outcomes of the project and how it benefits the local community

If you are not undertaking a project placement:

Briefly describe how your placement benefits or impacts the local community:

CHECKLIST

Application should include: (tick box)

- Student and Placement Details Form
- outcomes of project (if applicable) or benefits to the local community
- Expenditure Claim form

Student Signature:

Date:

For Office Use only:

	Initials	Date	Time
Application Received			

Please complete the shaded sections

EXPENDITURE CLAIM : Placement 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 \$	
Placement Support Payment	N	AD	076434 - 0445				
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's Signature			
Date		Ext		Date		Ext No	