Placement Support

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
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

Placement Support

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			

Placement Support

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. ☐ Reimbursement to student / visiting scholar (must attach an original tax invoice/receipt for the expense incurred).
2. ☐ ABN not required for amounts that do not exceed $50.00.
3. ☐ Payment represents residential rent.
4. ☐ Statement by Supplier (private declaration) provided (where the recipient has no ABN) for payments above $75.00.
5. ☐ Prize for which services were not rendered (attach supporting documentation).
6. ☐ Donation (receipt documenting the donation is attached).
7. ☐ Payment to an income tax exempt charity or government organisation.
8. ☐ 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