

Project Support Payment

The UniSA DRH provides Project support to UniSA domestic Allied Health and Nursing students who, as part of their studies, are required to complete a **full-time** placement of **2 consecutive weeks or greater** within a rural setting.

The Project Support payment is intended for one-time expenses related to a placement project, such as purchasing resources (up to \$100) or providing morning tea items (up to \$50). The maximum support available through this payment is \$150 per project.

Who is eligible

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

1. Undertaking one of the following placement types:
 - Occupational Therapy Participatory Community Practice (Implementation)
 - Physiotherapy Work, Health & Safety (HP)
 - Physiotherapy Health Promotion (WHS)
 - Speech Pathology Planning, Innovation & Evaluation (PIE)
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. As part of the project, had to source items for the following:
 - Morning/Afternoon tea supplies,
 - Resource items,
7. Payment amounts will be **capped at \$150**, broken down into:
 - **\$50** for Morning/Afternoon tea supplies
 - **\$100** for resource supplies

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.

- Letter of support from the Manager: Department of Rural Health. This must be obtained before any purchases are made.
- Student and Placement Details.
- Purchase Details.
- Expenditure Claim form.
- Copies of receipts for any expenses incurred.

Send the completed forms, along with receipts, to:

Department of Rural Health

Email: DRHstudents@unisa.edu.au

For more information please contact:

Department of Rural Health

T: 1800 905 825

E: DRHstudents@unisa.edu.au



Project Support Payment

Student and Placement Details

To claim the Project Support Payment, receipts for expenses must be attached, and the relevant Terms and Conditions must be met.

STUDENT DETAILS	
Title (Mr/Miss/Ms/Mrs):	
Full Name:	
Student ID:	
Email Address:	
Phone/Mobile:	
Program Name:	
University:	

PLACEMENT DETAILS	
Placement Facility Name:	
Placement Supervisor:	
Placement Town:	Placement Type:
Start Date:	End Date:

PURCHASE DETAILS	
Moring/afternoon tea items: (Capped at \$50)	
Resource items: (Capped at \$100)	

CHECKLIST
Application should include: (tick box) <ul style="list-style-type: none"> <input type="checkbox"/> Letter of support from UniSA DRH Manager <input type="checkbox"/> Student and Placement details <input type="checkbox"/> Purchase Details <input type="checkbox"/> Expenditure Claim form <input type="checkbox"/> Copies of receipts

Signed:	Date:
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For Office Use only:

	Initials	Date	Time
Application Received			

Expenditure Claim Form

Please complete the shaded sections

EXPENDITURE CLAIM : Travel 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 \$
Morning/afternoon tea		AD		
Resources		AD		
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 (signature)	
Date		Date		