

### **Guidelines and Application**

#### **Conference Support Payment**

The UniSA DRH provides funds to assist allied health and nursing students who undertake rurally based projects that result in the acceptance of abstracts for presentations or posters at a relevant professional conference. The purpose of encouraging student attendance is to showcase rural placements and learning.

Support payments for travel, conference registration and accommodation: up to \$400\*.

\*This is dependent upon circumstances and availability of funding in the DRH funding pool.

The application process is highly competitive with more applications than funds available. The conference support is a modest amount, however it is expected that students may need additional funds.

#### Who is eligible

Funding is open to UniSA allied health and nursing domestic students currently enrolled in a UniSA degree program.

Applicants can only receive one successful application per year.

Presentations must be directly related to a rural placement/project supported by the UniSA DRH.

Students are required to show evidence of abstract acceptance as part of the application.

#### How do I apply

- Complete the Conference Support Funding Application Form
- Lodge your completed application, along with attachments to <a href="mailto:drhstudents@unisa.edu.au">drhstudents@unisa.edu.au</a> (attach conference brochure or website details and / or attach abstract or poster)
- Enquires can be directed to Sara Jones, Associate Professor: Rural Health Education and Training sara.jones@unisa.edu.au

#### **Conditions**

- Successful applicants will be paid funds into their Australian bank account when they can demonstrate evidence of their conference registration or attendance. Acceptable documents include
  - o Tax invoice or boarding pass for flights
  - o Tax invoice of conference registration
  - o Tax invoice of accommodation provider
- Acknowledgement of the funding from the UniSA Department of Rural Health must be included in the presentation or on the poster.
- An academic referee, who may be either a member of the teaching staff with knowledge of the student project requirements or a direct supervisor of the project must be identified.
- Within 2 weeks of returning form the conference, recipients of Conference Support Funding are
  required to provide Sara Jones Associate Professor: Rural Health Education and Training
  <u>sara.jones@unisa.edu.au</u>
  with a 1 page report (max 500 words) detailing the conference experience and
  benefits/outcomes of the conference. Failure to provide report may forfeit payment.

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1	STUDENT DETAILS							
	<b>Title</b> (Mr/Miss/Ms/Mrs)							
	First Name							
	Surname							
	Student ID							
	Citizenship Status							
	Date of Birth							
2	CONTACT DETAILS							
	Address							
	(Number, Street, State & postcode)							
	Email Address							
	Telephone	H/W	Mobile					
3	CURRENT PROGRAM							
	Program Name							
	<b>Current Year level</b>							
4	RURAL PLACEMENT DETAIL	TAILS (relating to this conference application)						
	Placement Location							
	Supervisor (s)							
	Collaborating students							
	Placement Start Date		End Date					

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5	Conference attendance short paragraph Please provide 300 (max) word summary outlining the reasons for attending the conference and how it will benefit you.						
6	ACADEMIC REFEREE						
	Name						
	Telephone Number						
	Email Address						
	Academic Signature		Date				
		I acknowledge and agree that I will submit a post conference report of 500 words within 14 days of completion of the conference date.					
STATEMENT OF AGREEMENT		Failure to do so may forfeit the Conference Support payment.					
	STUDENT SIGNATURE		Date				
	CHECKLIST Application should include: (tick box)						
<ul><li>□ Application Form</li><li>□ Copy of conference abstract/poster</li></ul>							

## Forward applications to

Department of Rural Health University of South Australia, Whyalla Campus 111 Nicolson Avenue Whyalla Norrie SA 5608 OR

Email: DRHstudents@unisa.edu.au

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### Please complete the shaded sections

•										
EXPENDITURE CLAIM : Conference 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 Centi	re – Item C	Code	Amo	ount \$	
Total for Payment										
<b>Total for Payment</b> 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:								eld		
<ul> <li>incurred).</li> <li>ABN not required for amounts that do not exceed \$50.00.</li> <li>Payment represents residential rent.</li> <li>Statement by Supplier (private declaration) provided (where the recipient has no ABN) for payments above \$75.00.</li> <li>Prize for which services were not rendered (attach supporting documentation).</li> <li>Donation (receipt documenting the donation is attached).</li> <li>Payment to an income tax exempt charity or government organisation.</li> <li>Refund to customer. Refunds of previously taxed revenue items require an Adjustment Note.</li> </ul>										
PAYEE BANK ACCOUNT DETAILS  Account in the name of:										
Branch:										
BSB number (6 digits): Account Number				-						
(maximum of 9 digits):										
AUTHORISATION										
I certify that the above expenditure is incappropriate documentation.	curred for	officia	ıl Univer	sity pur	poses, is c	orrectly co	ded and	is suppo	rted by	
Preparer/Claimant (signat	ture)			Approver with VCA (signature)						
Preparer/Claimant's Name (print)					Аррі	rover's Na	ame ( <i>pri</i>	int)		
Date	Ext		]	Date			Ex	t No		

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