

### About the Placement Support Payment

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The UniSA DRH has a number of \$500 lump sum placement support payments available to students who undertake a placement of **8 consecutive weeks or longer**.

\*Recipients are not able to claim this payment if they are in receipt of the Uni SA Placement Grant.

### Who is eligible

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There are a number of payments available to students studying allied health and nursing programs at the University of South Australia.

Applicants must be Australian Citizens or permanent residents of Australia and studying an Undergraduate program.

Students who undertake more than one 8 consecutive week placement may apply for this payment again.

### How do I apply

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Applications must be on this prescribed form.

Applications must include a brief description of the outcomes of the project (if a project based placement) or how the placement will be benefit or impact on the community. Applications will be assessed by a sub-committee of DRH staff. Applications will take into account the information on the application form. Students will be notified by email of the outcome of their application. If successful, the payment will be received at the end or soon after the conclusion of your placement.

Completed applications should be forwarded to:

Department of Rural Health  
University of South Australia, Whyalla Campus  
111 Nicolson Avenue  
Whyalla Norrie SA 5608  
OR  
Fax: (08) 86478156  
OR  
Email: [DRHstudents@unisa.edu.au](mailto:DRHstudents@unisa.edu.au)

### For more information please contact:

Department of Rural Health  
T: 1800 905 825  
E: [DRHstudents@unisa.edu.au](mailto:DRHstudents@unisa.edu.au)

This information is required to be completed for consideration for the DRH \$500 Placement Support payment for placements **up to and longer than 8 consecutive weeks**. Recipients may not be in receipt of other placement grants for the same placement period. Terms and Conditions apply.

1	<b>STUDENT DETAILS</b>		
	<b>Title</b> (Mr/Miss/Ms/Mrs)		
	<b>First Name</b>		
	<b>Surname</b>		
	<b>Student ID</b>		
	<b>Citizenship Status</b>		
	<b>Date of Birth</b>		

2	<b>CONTACT DETAILS</b>		
	<b>Address</b> Number, Street State & postcode		
	<b>Email Address</b>		
	<b>Telephone</b>	H/W	Mobile

3	<b>PROGRAM DETAILS</b>	
	<b>Program Name</b>	
	<b>Sending University</b>	
	<b>Current Year level</b>	

4	<b>PLACEMENT DETAILS</b>	
	<b>Placement Facility Name</b>	
	<b>Placement Town</b>	
	<b>Placement Type</b>	
	<b>Placement Supervisor</b>	
	<b>Start Date</b>	<b>End Date</b>

**5 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

**6 If you are not undertaking a project placement:**

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

**Signed:**

**Date:**

**For Office Use only:**

	Initials	Date	Time
Application Received			

Please complete the shaded sections

EXPENDITURE CLAIM : Placement Support Payment				
<b>Payment to:</b> ( PLEASE PRINT FULL NAME )				
<b>Address:</b> ( Number, Street, Suburb, State, Postcode )				
<b>Email Address:</b>				
<b>Student ID No:</b> ( 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	\$500
<b>Total for Payment</b>				\$500
<b>Requirement for Withholding Tax:</b> 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				
<b>Account in the name of:</b>				
<b>Bank:</b>				
<b>Branch:</b>				
<b>BSB number (6 digits):</b>				
<b>Account Number</b> (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.				
<b>Preparer/Claimant (signature)</b>			<b>Approver with VCA (signature)</b>	
<b>Preparer/Claimant's Name (print)</b>			<b>Approver's Name (print)</b>	
Date		Ext	Date	Ext No