

## Accommodation Support Payment

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

## Eligibility Criteria

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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 **2 consecutive weeks** or longer at location
6. Had to source alternative accommodation due to one of the following:
  - The DRH accommodation is not available at the site of your placement,
  - The DRH does not have accommodation at the site of your placement,
  - The DRH can only provide accommodation for part of your placement, and therefore you are required to pay for alternative accommodation

Payment amounts for accommodation support vary based on RA codes of the placement town.

RA2 Inner Regional = \$150 per week  
RA3 Outer Regional = \$200 per week  
RA4 Remote = \$250 per week  
RA5 Very Remote = \$300 per week

**All financial support payments are subject to funding availability.**

## How to apply

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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 Accommodation details
- Accommodation ratings
- Expenditure Claim form
- Copies of receipts

Completed forms along with receipts should be forwarded to:

Email: [DRHstudents@unisa.edu.au](mailto:DRHstudents@unisa.edu.au)

**For more information please contact:**

UniSA Department of Rural Health

T: 1800 905 825 | E: [DRHstudents@unisa.edu.au](mailto:DRHstudents@unisa.edu.au)

## Student and Accommodation details

This information is required to support your claim for Accommodation Support Payment, please ensure you attach receipts. Terms and Conditions apply.

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

ACCOMMODATION DETAILS		
<b>Location:</b>		
<b>Name of Accommodation:</b>		
<b>Address of Accommodation:</b>		
<b>Contact details of accommodation:</b>	Phone/Mobile:	
	Email (where applicable):	
<b>Arrival Date:</b>		<b>Departure Date:</b>

ACCOMODATION RATING					
Please rate each of the categories below					
	Very Poor	Poor	Satisfactory	Good	Very Good
<b>Safety/Security</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cleanliness</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Quality/Comfort</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Affordability</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Facilities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Noise Levels</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Staff/Management</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ACCOMODATION RATING

Would you recommend this accommodation to other students?

Yes

No

If Yes, why?

## ACCOMODATION RATING

Rate the overall experience in this accommodation:

(Colour or circle the number of stars)



## ACCOMODATION RATING

Do you consent to the rating information being shared with other students? (identifying details removed)

Yes

No

## CHECKLIST

Application should include: (tick box)

- ☐ Student and Accommodation details
- ☐ Accommodation ratings
- ☐ Accommodation ratings consent
- ☐ Expenditure Claim form
- ☐ Copies of receipts

Student Signature:

Date:

For Office Use only:

	Initials	Date	Time
Application Received			

## Expenditure Claim Form

Please complete the shaded sections

EXPENDITURE CLAIM: Accommodation 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 \$
Accommodation Support Payment	N	AD	076434 - 1701	
<b>Total for Payment</b>				
<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's Name (print)</b>		<b>Preparer/Claimant signature</b>		
<b>Date</b>		<b>Date</b>		