

## Great Rural Experience Grant

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The UniSA DRH provides funds to assist domestic allied health and nursing students who are on placement in rural South Australia to participate in extracurricular experiences. The purpose is to encourage students to explore and experience all that Rural South Australia has to offer.

Grants are to assist with visiting attractions, going on tours and exploring the region, as well as wellness activities like joining a gym, pilates and other health related activities. Copies of receipts will be required along with a summary of activities undertaken in the region including photos and videos. If you stay overnight outside of your placement location whilst exploring the region, this grant may be used towards accommodation.

The grant is up to the value of **\$200**.

## 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
6. Payment amount will be **capped at \$200**
7. Talent release form to be completed
8. Photos and/or Videos to be shared; Instagram tags to be used are @unisadrh; #agreatruralexperience

**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 Placement Details Form
- Detailed information regarding the travel, accommodation, attractions, tours, student gatherings and wellness activities
- Photos and/or Videos
- Expenditure Claim form
- Talent Release Form
- Copies of receipts
- Students are to share photos of their experience with [DRHstudents@unisa.edu.au](mailto:DRHstudents@unisa.edu.au) or if posting to Instagram tag @unisadrh and use the hash tag #agreatruralexperience

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 PLACEMENT 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>              |  |                 |
| <b>Placement Facility Name:</b> |  |                 |
| <b>Placement Town:</b>          |  |                 |
| <b>Placement Start Date:</b>    |  | <b>End Date</b> |

## GREAT RURAL EXPERIENCE GRANT SUMMARY

Please provide a 300 (max) word summary outlining the details on the experiences/activities you have attended

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## CHECKLIST

Application should include: (tick box)

- ☐ Student and Placement Details Form
- ☐ Detailed information regarding the travel, accommodation, attractions, tours, student gatherings and wellness activities
- ☐ Photos and/or Videos
- ☐ Expenditure Claim form
- ☐ Talent Release Form
- ☐ Copies of receipts

## STATEMENT OF AGREEMENT:

I acknowledge and agree that I have provided evidence and of my Great Rural Experience activity

|                          |  |             |
|--------------------------|--|-------------|
| <b>STUDENT SIGNATURE</b> |  | <b>DATE</b> |
|--------------------------|--|-------------|

Please complete the shaded sections

| EXPENDITURE CLAIM : Great Rural Experience Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |            |                         |                                      |  |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------------------------|--------------------------------------|--|-----------|--|
| <b>Payment to:</b> ( PLEASE PRINT FULL NAME )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |            |                         |                                      |  |           |  |
| <b>Address:</b><br>( Number, Street, Suburb, State, Postcode )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |            |                         |                                      |  |           |  |
| <b>Email Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |            |                         |                                      |  |           |  |
| <b>Student ID No:</b><br>( IF APPLICABLE – APPLIES TO CRITERIA 1 BELOW )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |            |                         |                                      |  |           |  |
| Expenditure Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GST Code | Sub Ledger | Cost Centre – Item Code |                                      |  | Amount \$ |  |
| Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |            |                         |                                      |  |           |  |
| Accommodation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |            |                         |                                      |  |           |  |
| Attraction / Tour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |            |                         |                                      |  |           |  |
| <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).<br>2. <input type="checkbox"/> ABN not required for amounts that do not exceed \$50.00.<br>3. <input type="checkbox"/> Payment represents residential rent.<br>4. <input type="checkbox"/> Statement by Supplier (private declaration) provided (where the recipient has no ABN) for payments above \$75.00.<br>5. <input type="checkbox"/> Prize for which services were not rendered (attach supporting documentation).<br>6. <input type="checkbox"/> Donation (receipt documenting the donation is attached).<br>7. <input type="checkbox"/> Payment to an income tax exempt charity or government organisation.<br>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><br>(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's signature</b> |  |           |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | Ext        |                         | Date                                 |  | Ext No    |  |

**CONSENT TO USE RECORDED IMAGE, PHOTOGRAPHY, VIDEO, VOICE OR OTHER REPRESENTATION**



**University of  
South Australia**

| Recorded person's details        |                                                                                                                |
|----------------------------------|----------------------------------------------------------------------------------------------------------------|
| Name                             |                                                                                                                |
| UniSA student ID (if applicable) |                                                                                                                |
| Email                            |                                                                                                                |
| Recording details                |                                                                                                                |
| Purpose                          | Department of Rural Health images for use on social media platforms, app and any other promotional opportunity |
| Date                             |                                                                                                                |
| Location                         | Multiple locations                                                                                             |
| UniSA contact person             | Tracey Watson, Student Liaison Officer (Regional),<br>tracey.watson@unisa.edu.au                               |

1. I understand that my image, likeness, photograph, voice, testimonial, name or other representation of me (**Recording**) will be recorded by, or on behalf of, the University of South Australia (**University**).
2. I consent to the University (and anyone acting with the University's authority) using, reproducing or editing the Recording:
  - (a) for the purpose described above;
  - (b) for educational purposes;
  - (c) to promote the University and its available courses and programs
3. I understand that the Recording may appear, or be referenced in, any medium, including written and photographic publications, websites, audio, video or other media which may exist in the future.
4. In exercising the Recording Rights, the University will not intentionally disparage, denigrate or damage my name or reputation.
5. I acknowledge that I will not as a consequence of the Recording or providing this consent:
  - (a) acquire any rights over any product which appears in the Recording, or
  - (b) be paid for the Recording or consent, or for participating in the session at which the Recording will be made.
6. I release the University (and anyone acting with the University's authority) from any claims relating to the use of the Recording as described in this consent form.

**Signature of recorded person:**

**Date:**