

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 or email of endorsement from the clinical supervisor at placement location. 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

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)

- ☐ Letter or email of endorsement from clinical supervisor at placement location
- ☐ Student and Placement details
- ☐ Purchase Details
- ☐ Expenditure Claim form
- ☐ Copies of receipts

Signed:

Date:

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		