

Travel Support Payment

The UniSA DRH provides travel support to domestic Allied Health and Nursing students from all universities and Vocational Education and Training organisations 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 Travel Support payment is for one return trip from home (or Adelaide if from outside of South Australia) to the placement town. ie Adelaide to Port Pirie and return to Adelaide.

Students on a long term placement of 6 weeks or greater, who are required to return to Adelaide for University course related issues ie meeting with tutor/lecturer must have confirmation in writing from your tutor/lecturer before claiming extra support payments

Eligibility Criteria

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 including Vocation Education Trainers
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 full time and **2 consecutive weeks** or longer at location
6. Receipts must be supplied when travelling by Plane, Bus, or Ferry
7. If returning to Adelaide for course related activities, supporting documentation from course coordinator needs to be supplied with application

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

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

All financial support payments are subject to funding availability.

How to apply

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 Travel details
- Expenditure Claim form
- Copies of receipts (where applicable)

Completed forms along with receipts should be forwarded to:

Email: DRHstudents@unisa.edu.au

For more information please contact:

UniSA Department of Rural Health

T: 1800 905 825 | E: DRHstudents@unisa.edu.au

Student and Placement Details

This information is required to support your claim for Travel Support Payment, please ensure you attach receipts for travel by plane, bus, or ferry. Terms and Conditions apply.

| STUDENT DETAILS | |
|--------------------------------|-----------------|
| Title (Mr/Miss/Ms/Mrs): | |
| Full Name: | |
| Student ID: | |
| Email Address | |
| Phone/Mobile | |
| Program Name: | |
| University | |
| Placement Facility: | |
| Placement Town: | |
| Placement Start Date: | End Date |

Travel during placement cannot be claimed unless it is related to your placement, **supporting evidence is required**. This support is not available to you to travel home on weekends to visit family members, to attend festivals or parties.

| TRAVEL DETAILS | |
|------------------------------------|--------------|
| Vehicle Registration number | |
| Date | Time |
| Departed from | |
| Destination | |
| Date | Time |
| Departed from | |
| Destination | |
| Date | Time |
| Departed from | |
| Destination | |
| Date | Time |
| Departed from | |
| Destination | |
| 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 \$ |
| Travel Support Payment | N | AD | 076434 - 1701 | |
| | | | | |
| | | | | |
| 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 | |