

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
 - Physiotherapy Health Promotion
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

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 of support from the Manager: Department of Rural Health. 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



Project Support Payment

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 |
|--|
| <p>Application should include: (tick box)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter of support from UniSA DRH Manager <input type="checkbox"/> Student and Placement details <input type="checkbox"/> Purchase Details <input type="checkbox"/> Expenditure Claim form <input type="checkbox"/> 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 | | |