

Nursing and Midwifery Regional Rural and Remote Student Placement Allowance (NMRRRSPA) - Details Application Form



Queensland Government

PLEASE COMPLETE IN CAPITAL LETTERS

STUDENT DETAILS

NAME		DATE OF BIRTH	
HOME ADDRESS		POST CODE	
SUBURB		PHONE	
EMAIL			

EDUCATION PROVIDER DETAILS

EDUCATION PROVIDER			
QUALIFICATION			
STUDENT NUMBER		FINAL STAGE OR YEAR	FINAL PLACEMENT
EDUCATION PLACEMENT COORDINATOR NAME		EMAIL	

PLACEMENT DETAILS AND ELIGIBILITY CHECKS

<u>PLACEMENT HHS</u>			
<u>FACILITY NAME</u>		<u>MMM #</u>	
START DATE		END DATE	NUMBER OF WEEKS

BANK DETAILS

BSB NUMBER		BANK ACCOUNT NUMBER	
ACCOUNT HOLDER NAME			

I (the student) confirm I have read and meet all eligibility criteria as stated above and listed on the [NMRRRSPA website and NMRRRSPA Guidelines](#).

On completion of my placement, I (the student) will complete an **NMRRRSPA - Application Payment Form** to authorise payment to be deposited directly into the above bank account. I will advise Queensland Health of any changes to my personal details, placement, placement dates, or bank details by completing a **new application form**.

I (the student) consent to be involved with surveys regarding NMRRRSPA.

STUDENT NAME		WITNESS NAME	
*STUDENT SIGNATURE		*WITNESS SIGNATURE	<i>DBrown</i>
DATE SIGNED		DATE WITNESSED	

***Signatures to be electronically or hand signed.**

Witness is over the age of 18 and confirm bank details are correct.

All boxes are completed, and I will submit this form to nmrrrspa@health.qld.gov.au

Privacy notice: Personal information collected by Queensland Health (a health agency) is handled in accordance with the Information Privacy Act 2009. The personal information provided by you will be securely stored and made available to appropriately authorised officers of the health agency (or its agents) to assess the application and verify the information provided. In order to undertake those activities, it may be necessary to verify the personal information provided with a relevant Hospital and Health Service or Education Provider. Personal information provided by you will not otherwise be disclosed to other parties without your consent, unless required by law. For information about how the health agency protects your personal information or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

FORM S/4 HANA V1.0