

Nursing and Midwifery Regional, Rural and Remote Student Placement Allowance

Details Application Form - Instructions

Overview

The purpose of this instruction guide is to assist you to fill in the Nursing and Midwifery Regional Rural and Remote Student Placement Allowance (NMRRRSPA) – Details Application Form.

This guide is instructional purposes only and not to be filled in.

To get started

Visit [Nursing and Midwifery Regional Rural and Remote Student Placement Allowance](#) website (NMRRRSPA) and check that you meet **all** eligibility criteria. If you are unsure, please check with your education provider placement coordinator before submitting this form.

1. **Download NMRRRSPA – Details Application Form** from the [website](#).
2. **Student details:**

Student details			
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Email address:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone - Home:	<input type="text"/>	Mobile:	<input type="text"/>

Fill in the following details:

- Name:** Your first name and surname. (eg *Mary Brown*).
- Date of birth:** Your date of birth set out as DD/MM/YYYY. (eg *01/01/2000*).
- Email address:** This can be either your student or personal email address. (eg *Mary.Jones@gmail.com.au* or *Mary.Jones@uq.edu.au*).
- Address:** Your residential address where you live. (***This address must be the address as registered with your education provider, to determine you live 100km (one-way) from your placement.*** eg *12 Station Street*).
- Suburb:** Suburb where you live. (eg *Newmarket*).
- Postcode:** Postcode of where you live. (eg *4051*).
- Telephone – Home:** Your home phone number. If you do not have a home phone, please leave blank (eg *3541 1234*).
- Mobile:** Your mobile number. Accounts Payable will contact you to confirm your bank account details (eg *0411 123 456*).

3. Education provider and placement details:

Education provider and placement details				
Education provider:				
Qualification studying:				
Student number:		Final stage or year: (Y/N)		Final placement: (Y/N)
Education placement coordinator name:		Email:		
Placement HHS name:				
Facility name:				MMM #
Dates of placement:		To		

Fill in the following details:

- Education provider:** The name of your Registered Training Organisation or University you are enrolled. (eg *Australian Catholic University*).
- Qualification studying:** The name of the qualification you are enrolled in. (eg *Bachelor of Nursing*).
- Student number:** Your student number assigned to you by your education provider. (eg *123455*).
- Final stage or year of study:** Is this your final year or stage of study? (eg *Y / N*).
- Final placement:** Is this your final placement? (eg *Y / N*).
- Education placement coordinator name:** The name of your education provider placement coordinator who organised your placement. They will endorse the completion of your placement for your final payment form. (eg *Sally Brown*).
- Email:** The email address for your placement coordinator email address for Queensland Health to confirm your eligibility and application form. (eg *Sally.Brown@acu.qld.gov.au*).
- Placement HHS name:** The name of the Hospital and Health Service you are doing your placement at. *This information is provided by your education provider placement coordinator. Please check this at [website](#) (eg *Wide Bay Hospital and Health Services*).*
- Facility name:** The name of the facility. Please check this at [website](#) (eg *Gin Gin Hospital*).
- MMM#:** Modified Monash Model number. Please check this at [website](#). (eg *5*).
- Date of placement:** Date you will commence your placement (eg *19/02/2024*).
- To:** Date you will complete your placement (eg *15/03/2024*).

4. Bank details:

Bank details		
BSB number:		-
Bank account number:		
Bank account holder's name:		

Fill in the following details:

- BSB number:** Your BSB (Bank-State-Branch) is a six-digit number that identifies banks and branches across Australia. (eg *012-345*).
- Bank account number:** Your bank account number. (eg *1234 5678*).
- Bank account holder's name:** The account holder's name. (eg *your name John Smith*).

5. Student information:

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 the above bank details to nmrrrspa@health.qld.gov.au.

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

Student name:		*Witness name:	
Student signature:		Witness signature:	
Date:		Date:	

Fill in the following details:

- Tick box:** When you finish your placement, you understand that you will need to complete the NMRRRSPA – Payment Form. (Form available under 'After your placement' on [website](#)). If there are any changes to your bank details, you must advise Queensland Health.
- Tick box:** You consent to Queensland Health contacting you to participate with feedback and surveys that are required for reporting on the NMRRRSPA.
- Student name:** Your first name and surname. (eg Mary Brown).
- Student signature:** You may either print this form and sign by hand or create a pdf signature to sign.
- Date:** Date you signed the form. (eg 20/03/2024).
- Witness name:** Your witness is to be over the age of 18 and to confirm your bank account numbers are the same on this form.
- Witness signature:** You may either print this form and obtain the witness to sign by hand or create a pdf signature to sign.
- Date:** Date the witness observed your information as correct. (eg 20/03/2024).

6. Submit the form:

Check all the information provided is correct, email form to nmrrrspa@health.qld.gov.au.

Website:

Information, eligibility criteria and forms are available at Nursing and Midwifery Regional, Rural and Remote Student Placement Allowance [website](#).

Contact:

Email Queensland Health at nmrrrspa@health.qld.gov.au if you have any further questions.