

**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	
ADDRESS		POST CODE	
SUBURB		PHONE	
EMAIL			

**EDUCATION PROVIDER DETAILS**

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

**PLACEMENT DETAILS**

<u>PLACEMENT HHS</u>			
<u>FACILITY NAME</u>		<u>MMM #</u>	
START DATE		END DATE	NO. OF WEEKS

**BANK DETAILS**

BSB NUMBER		BANK ACCOUNT NUMBER	
ACCOUNT HOLDER			

I (the student) meet all eligibility criteria as stated on the [NMRRRSPA website](#).

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 student, placement 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	
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 must be filled prior to submitting the form to [nmrrrspa@health.qld.gov.au](mailto: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](http://www.health.qld.gov.au).

FORM S/4 HANA V1.0