

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



**Queensland
Government**

Student details

| | | | |
|-------------------|--|----------------|--|
| Name: | | Date of birth: | |
| Email address: | | | |
| Address: | | | |
| Suburb: | | Postcode: | |
| Telephone - Home: | | Mobile: | |

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 | |

Bank details

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

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: | |

*Witness is to be over the age of 18 to confirm bank details are correct.

Check [instructions](#) prior to submitting form. All boxes must be completed.

Please forward this completed 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