

Nursing and Midwifery Regional Rural and Remote Student Placement Allowance (NMRRRSPA) – Payment 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
*STUDENT SIGNATURE			DATE SIGNED	

*Student to sign on or after placement end date. Signatures to be electronically or printed and hand signed.

I (the student) confirm I have **completed the above placement** and authorise payment to be deposited directly into my bank account as advised in my NMRRRSPA Details Application Form. There have been **no changes** to my details, placement, placement dates or bank account details.

OR

I (the student) confirm I have **completed the above placement**, however, there have been changes to my placement, placement dates or bank account details and I have submitted a new NMRRRSPA Details Application Form.

EDUCATION PROVIDER DETAILS

EDUCATION PROVIDER		DELEGATE NAME	
DELEGATE EMAIL		PHONE	
*DELEGATE SIGNATURE		DATE	

*Delegate to sign on or after placement end date. Signatures to be electronically or printed and hand signed.

I (education provider delegate as above) confirm the above student has met all eligibility criteria as per NMRRRSPA Guideline and fulfilled their clinical placement to receive the Nursing and Midwifery Regional Rural and Remote Student Placement Allowance.

STUDENT:

On completion of both the student details and education provider details sections please forward this form to nmrrrspa@health.qld.gov.au

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FORM S/4 HANA V1.0