

Nursing and Midwifery Regional Rural and Remote Student Placement Allowance - Payment Form



**Queensland
Government**

Student details			
Name:		Date of birth:	
Email address:			
Address:			
Suburb:		Postcode:	
Telephone - Home:		Mobile:	
Education provider:			
Course studying:			
Student number:		Final stage or year:	Final placement:
Placement coordinator name:		Email:	
Placement HHS name:			
Facility name:		MMM #	
Date of placement:		To	
Student signature		Date	

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

OR

I (the student) confirm I have completed the above placement and authorise payment to be deposited directly into my bank account. I have advised Queensland Health of changes to my bank details to nmrrrspa@health.qld.gov.au

Education provider details			
Education provider:			
Contact name:			
Contact email address:			
Contact telephone:			
Delegate signature:		Date	

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

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