

**Nursing and Midwifery Regional Rural and Remote Student Placement Allowance (NMRRRSPA) – Payment Form**



**Queensland  
Government**

**COMPLETE IN CAPITAL LETTERS**

**STUDENT DETAILS**

NAME			DATE OF BIRTH	
HOME ADDRESS			POST CODE	
SUBURB		PHONE		
EMAIL				

**EDUCATION PROVIDER DETAILS**

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

**PLACEMENT DETAILS AND ELIGIBILITY CHECKS**

<u>PLACEMENT HHS</u>				
<u>FACILITY NAME</u>			<u>MMM #</u>	
START DATE		END DATE		NUMBER OF WEEKS
*STUDENT SIGNATURE			*DATE SIGNED	

\*Signature to be electronically or printed and hand signed on or after placement end date.

I (the student) confirm I have completed the above placement in line with the NMRRRSPA Guideline 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.

**IF ANY PERSONAL DETAILS OR PLACEMENT DATES HAVE CHANGED FROM YOUR ORIGINAL APPLICATION, PLEASE COMPLETE A NEW NMRRRSPA DETAILS APPLICATION FORM AND SUBMIT**

**EDUCATION PROVIDER DETAILS**

EDUCATION PROVIDER			DELEGATE NAME	
DELEGATE EMAIL			PHONE	
*DELEGATE SIGNATURE			*DATE	

\*Signatures to be digital, electronic or printed and hand signed on or after student placement end date.

I (the 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](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