

Nursing and Midwifery Regional, Rural and Remote Student Placement Allowance

Payments Form - Instructions

Overview

The purpose of this instruction guide is to assist with completing the Nursing and Midwifery Regional Rural and Remote Student Placement Allowance (NMRRRSPA)– Payment Form.

To get started

1. Download **NMRRRSPA – Payment Form** from the [website](#).
2. **Student details:**

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

Fill in the following details:

- Name:** Your first name and surname. (eg *Mary Brown*).
- Date of birth:** Your date of birth set out as DD/MM/YYYY. (eg *01/01/2000*).
- Email address:** This can be either your student or personal email address. (eg *Mary.Jones@gmail.com.au* or *Mary.Jones@uq.edu.au*).
- Address:** Your residential address where you live. (This address must be the same as registered with your education provider to determine you live 100km (one-way) from your placement. eg *– 12 Station Street*).
- Suburb:** Suburb where you live. (eg *Newmarket*).
- Postcode:** Postcode of where you live. (eg *4051*).

- g. Telephone – Home:** Your home phone number. If you do not have a home phone, please leave blank (eg 3541 1234).
- h. Mobile:** Your mobile number. This is the number Accounts Payable will use to contact you to confirm your bank account details (eg 0411 123 456).
- i. Education provider:** The name of your Registered Training Organisation or University you are enrolled with. (eg *Australian Catholic University*).
- j. Course studying:** The name of the course you are enrolled in. (eg *Bachelor of Nursing*).
- k. Student number:** Your student number assigned to you by your education provider. (eg 123455).
- l. Final stage or year:** Is this your final stage or year of study? (eg *Y / N*).
- m. Final placement:** Is this your final placement? (eg *Y / N*).
- n. Placement coordinator name:** The name of your placement coordinator who organised your placement. They will endorse the completion of your placement. (eg *Sally Brown*).
- o. Email:** Your placement coordinator’s email address. (eg *Sally.Brown@acu.qld.gov.au*).
- p. Placement HHS name:** The name of the Hospital and Health Service you are doing your placement at. Check [website](#) (eg *Wide Bay Hospital and Health Services*).
- q. Facility name:** The name of the facility. Check [website](#) (eg *Gin Gin Hospital*).
- r. MMM#:** Modified Monash Model number. Check [website](#). (eg 5).
- s. Date of placement:** Date you commence your placement (eg *19/02/2024*).
- t. To:** Date you complete your placement (eg *15/03/2024*).
- u. Student signature:** You may either print this form and sign by hand or create a pdf signature to sign.
- v. Date:** Date you signed this form (eg *20/03/2024*).

3. Student information

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

Fill in the following details:

- a. Tick box :** Confirmation you have completed your placement and your bank details are still the same as your NMRRRSPA – Details Application Form.
- OR**
- b. Tick box:** Confirmation you have completed your placement; however your bank account details have changed since you completed the NMRRRSPA – Details Application Form and you have advised Queensland Health

NOTE:

At this stage, you will need to send the form to your education provider to complete. Ask them to fill in, endorse and return to you.

Education provider details:

Education provider details		
Education provider:		
Contact name:		
Contact email address:		
Contact telephone:		
Delegate signature:		Date DD/MM/YYYY

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.

Your education provider completes this section then returns to you.

4. Submit the form:

Check all the information provided is correct, email form to nmrrrspa@health.qld.gov.au.

Website:

Information, eligibility criteria and forms are available on the Nursing and Midwifery Regional, Rural and Remote Student Placement Allowance [website](#).

Contact:

Email Queensland Health nmrrrspa@health.qld.gov.au if you have any further questions.