



APPLICATION FOR HEALTH & WELLBEING FINANCIAL ASSISTANCE

As this program is funded by the Australian Government, applications can only be received from domestic students. International full-fee-paying students are ineligible to apply.

Help with your application

If you would like assistance in completing this application, please contact your Program Administrator or Student Placement Coordinator.

Returning your application

Check that all required questions are answered, supporting documentation is attached and the form is signed and dated.

Completed applications can be emailed to the RRHSA Program Manager rrhsa.mdrs.enquiries@flinders.edu.au

What else?

Documentation that supports your claim

- copy of tax invoice
- fee or registration paperwork for sporting event or sporting club
- copy of projected costs for health and wellness activity
- other information supporting your request

Additional Information

- Applications for financial assistance will be assessed by the Rural and Remote Health SA Program Manager.
- Students are eligible to apply for a health and wellbeing payment of up to \$70.00 per student, per calendar year.
- Financial assistance will be subject to ongoing availability of funds.

GENERAL INFORMATION

1. AFFILIATION

Please note that this program is funded by the Australian Government, and as such applications can only be received from domestic students. International/ full-fee-paying students are ineligible to apply.

Australian Citizen YES NO (if no, please see above)

Flinders Enrolled Student: Medicine Student ID No.

Nursing Student ID No.

Allied Health Student ID No.

2. APPLICANT DETAILS

Surname

First Given Name

Contact email

3. RURAL PLACEMENT DETAIL

MDRS Longitudinal rural medical placement

Short term rural placement (12 or more weeks)

Address where you will reside during placement:

Street:	
Town:	Postcode:
Commencement date: Completion date:	

EXPENDITURE

4. FINANCIAL ASSISTANCE available to students undertaking a rural placement of 12 or more weeks

Health and Wellbeing Stipend **Up to \$70.00, per student, per calendar year**

Activity: Describe the health and wellbeing activity

Total Stipend:

Amount \$

Checklist:

Please make sure you have:

- Completed all necessary fields in this form and signed it
- Attached the following supporting documentation:
 - tax invoice
 - fee or registration paperwork for sporting event or sporting club
 - projected costs for health and wellness activity
 - other information supporting your request

DECLARATON

5. STATEMENT:

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information may void my application.
- failure to submit required evidence of projected expenditure with this application may void my application.

On completion of this form, please **SIGN** and **PRINT NAME**

Signature of applicant



PRINT NAME

Date:

Please email this application form and supporting documentation to the RRHSA Program Manager rrhsa.mdrs.enquiries@flinders.edu.au

You will be contacted by email within 7 days with feedback on your application.

Office Use only:

EVALUATION

By Administrator

.....
Name

.....
Signature

.....
Date

COMMENTS:

APPROVED

By Rural & Remote Health SA Program Manager

YES

NO

.....
Name

.....
Signature

.....
Date

Email notification to student: /...../.....

Receipt date of Student Claim: /...../.....

Payment: \$.....