



PROFESSIONAL ENTRY STUDENT PLACEMENT STIPEND APPLICATION



**PLEASE SAVE THIS FORM TO YOUR COMPUTER THEN OPEN IN ADOBE ACROBAT FOR COMPLETION
(NOT IN YOUR WEB BROWSER)**

Flinders NT including the Centre for Remote Health actively promotes and supports students who undertake placements or study requirements in the Northern Territory. We understand the financial pressure students may face when travelling away from home to fulfill these requirements and we provide financial support to eligible individuals.

Amount

Flinders NT will provide a stipend of \$120 per placement week to a maximum of \$1200 per student per academic year.

Eligibility

To be eligible for the stipend students must satisfy each of the following criteria:

1. a) Be enrolled in a nursing or allied health professional training program through either Charles Darwin University or Flinders University or
b) Be an Aboriginal or Torres Strait Islander student enrolled in a Nursing or Allied Health training program at any university and a member of either IAHA or CATSINaM
2. Be undertaking a university required educational activity such as a workplace based professional experience placement or clinical intensive, in the Northern Territory
3. Need to travel away from their normal place of residence in order to undertake the educational activity
4. Attend an Orientation or Introduction Day as provided by Flinders NT or the Centre for Remote Health

Application Process

1. Complete this Professional Entry Student Placement Stipend Application and return it to the relevant Flinders NT Placements Office (refer below)
2. If multiple placements apply, complete a separate application for each placement.
3. Students will be notified of the outcome via email.
4. Payment is made electronically, using the banking information provided by students on the application form.

Please note:

- Completion of the application form must be by electronic means. Handwritten forms will not be accepted.
- The decisions of the Stipend Assessment Panel are final and not negotiable.
- Funds are generally deposited into the recipient's bank account within two months.

Enquiries

For all enquiries please contact the relevant **Flinders NT Placements Office** below

Flinders NT Placements Offices

- **Top End** (Darwin, Katherine and Nhulunbuy) fnt.placements@flinders.edu.au
- **Central Australia** (Alice Springs and Tennant Creek) crh.placements@flinders.edu.au



Flinders
UNIVERSITY

PROFESSIONAL ENTRY STUDENT PLACEMENT STIPEND APPLICATION



**Centre for
Remote Health**
A joint centre of Flinders University
and Charles Darwin University

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Please complete all shaded areas of both pages then EMAIL to
relevant Flinders NT Placements Office. All red fields are mandatory

NAME	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
UNIVERSITY EMAIL	
PHONE	MOBILE _____ OTHER _____
NATIONALITY	DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? YES NO
MEMBERSHIP NUMBER	IAHA _____ CATSINaM _____
UNIVERSITY	FLINDERS CHARLES DARWIN OTHER
STUDENT NUMBER	
COURSE ENROLLED IN	
TOPIC / UNIT	CODE _____ NAME _____
CURRENT YEAR OF STUDY	SEMESTER _____
PLACEMENT DURATION	WEEKS _____
PLACEMENT DATES	FROM _____ TO _____
PLACEMENT SITE	NAME _____
	ADDRESS _____
PLACEMENT SUPERVISOR	NAME _____
	PHONE _____
	EMAIL _____

CALCULATION OF STIPEND AMOUNT CLAIMED @ \$120 PER WEEK

PLACEMENT WEEK(S) x PER WEEK = AMOUNT CLAIMED

Note: Maximum Stipend is \$1200 per student per academic year

EFT PAYMENT DETAILS

NAME OF BANKING INSTITUTION

ACCOUNT NAME

BSB

ACCOUNT NUMBER

OFFICE USE ONLY:

Approved by Assessment Panel Date _____

Orientation / Intro Day attended Date _____

Placement attended Date _____

Sent to Finance Date _____



PAYMENT REQUISITION

Date Amount

Name

Postal Address

ABN OR Student No

Email Address

Contact No

Description STUDENT PLACEMENT STIPEND

Description	Entity	Cost Centre	Project	Natural Account	GST Code	Receipt Amount
STUDENT STIPEND						
weeks @ \$120 per week						
PLACEMENT DATES						
TO						
Invoice Total						

<i>EFT payment details</i>	
Name of Bank	
Account Name	
BSB	Account Number

OFFICE USE ONLY	
I certify that the above expenditure details are correct, I have checked supporting documentation and all expenditure was for University business and (where applicable) complies with Grant conditions.	
Requestor Name	Requestor Signature
Supervisor Name	Supervisor Signature
Authorised Delegate Name (Email authorisation accepted)	Delegate Signature