

## APPLICATION FOR HEALTH & WELLBEING FINANCIAL ASSISTANCE

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*Please note that this financial support is available to Flinders University students only. As this program is federally funded, applications can only be received from domestic students. International full-fee-paying students are ineligible to apply.*

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### Help with your application

If you would like assistance in completing this application please contact the Program Administrator or Assistant in your region (see below).

### 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 delivered or emailed to the Program Administrator or Assistant at your Flinders University Rural Health SA campus or contact as below.

Kiara Hoffmann  
Ral Ral Avenue  
PO Box 852  
Renmark SA 5341  
[kiara.hoffmann@flinders.edu.au](mailto:kiara.hoffmann@flinders.edu.au)

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Jacqui Michalski  
24 Vivienne Avenue  
Mount Gambier SA 5290  
PO Box 3570  
[jacqui.michalski@flinders.edu.au](mailto:jacqui.michalski@flinders.edu.au)

Naomi Thomas  
102 Swanport Road  
Murray Bridge SA 5253  
PO Box 1693  
[naomi.thomas@flinders.edu.au](mailto:naomi.thomas@flinders.edu.au)

### What else?

Documentation that supports your claim

- copy of 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 Program Administrator and approved by the Rural and Remote Health SA Academic Lead.
- Students and/or student groups are eligible to apply for a health and wellbeing payment(s) of up to \$70.00 per calendar year.
- Student group payment(s) will be apportioned and deducted from each individual students' accumulative total until their \$70.00 threshold is reached.
- Hosted health and wellbeing group events will be limited to 1 per region.
- Financial assistance will be subject to ongoing availability of funds.

# GENERAL INFORMATION

## 1. AFFILIATION

*Please note that this program is federally funded, 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. ARE YOU APPLYING AS AN INDIVIDUAL OR ON BEHALF OF A GROUP?

Individual  Group\*

(\*please attach a full list of group participants on a separate sheet AND Provide your details in Question 3 below)

## 3. APPLICANT DETAILS

Mr  Mrs  Miss  Ms  Dr  Other

Surname

First Given Name

Contact email

## 4. RURAL PLACEMENT DETAIL

PRCC 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: .....	



# DECLARATON

## 7. 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:

*Have you attached **ALL** relevant documentation relating to your request?*

***If so, you are ready to submit your Health & Wellbeing Financial Assistance Application Form.***

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

**Office Use only:**

## EVALUATION

By Program Administrator

.....  
**Name**

.....  
**Signature**

.....  
**Date**

**COMMENTS:**

**APPROVED**

By Rural & Remote Health SA Academic Lead

**YES**

**NO**

.....  
**Name**

.....  
**Signature**

.....  
**Date**

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

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

**Payment: \$.....**