

Western Australian Centre for Rural Health Roebourne Placement Support Scholarship



Western Australian Centre for Rural Health

Claim Form

Please complete the following documentation to be awarded the Roebourne Placement Support Scholarship.

1. Roebourne Placement Support Scholarship Claim form.
2. The University of Western Australia Electronic Funds Transfer (EFT) details form.
3. Evidence of bank details such as Bank statement header (proof that the bank details belong to the recipient – example below). Please blank out your account balances etc., we only require the account details (BSB and account number and your name).



MR J SMITH
833 COLLINS ST
DOCKLANDS VIC 3008

2

Branch number (BSB)
Account number
Account name(s)

000-001
10101-01010
JOHN SMITH

Personal Details:

Full Name	
Address	
Telephone	
Student Email	
Student ID Number	

Placement Details:

Placement completed	☐ Yes	☐ No
Placement End Date		
Written/video placement experience submitted	☐ Yes	☐ No

I declare that the above information is true and correct:

Student Signature	
Date	



More information

Please allow up to 30 days from the end of placement date to receive your funds.

For more information about the Roebourne Placement Support Scholarship, please contact:

Western Australian Centre for Rural Health

T 08 9186 7803

E Pilbara-Admin-Wacrh@uwa.edu.au

Please note: If your placement is revised or cancelled for any reason at any stage of the application process you must inform Western Australian Centre for Rural Health as soon as possible.

This form is to be completed by the Supplier/ Recipient of Funds for Domestic payments

Supplier ID (if known) (or Student ID, if applicable)

Supplier/Recipient Name

Supplier/Recipient Address

Suburb

State

Postcode

Supplier ABN

(Australian Business Number)

BSB Number

Account Number

Correspondence email address

Payment Remittance email address

- In order to verify the above BSB / Account number details, please provide either a bank statement header (balance not required) deposit slip or invoice.
- Please note that the University of Western Australia standard payment terms are 30 days, or 14 days for individual Suppliers/Sole Traders.
- A valid University of Western Australia purchase order number must be quoted on all invoices.

In relation to the above bank details submitted to The University of Western Australia, I certify the bank details supplied are correct. I acknowledge that funds paid to an unintended recipient due to errors or omissions in the information provided on this form may not be recoverable and The University of Western Australia reserves the right in these circumstances to consider that no further liability exists in relation to the invoice/s involved.

I also warrant that future changes to bank details will be advised in writing to Accounts Payable, The University of Western Australia (accounts payable@uwa.edu.au).

This form is to be signed by the Supplier or the personnel receiving funds only.

Position:
Mobile
Phone:

Name:
Signature:
Date:

For completion by UWA Finance only

Supplier ID	_____	Approved By	_____
Date	_____	Approval Date	_____
Actioned By	_____	Comments	_____