

*School of Behavioural Science
The University of Melbourne*

**CONFERENCE GRANT APPLICATION
(MASTERS, DOCTORAL AND PHD STUDENTS)**

Notes for applicants:

The School of Behavioural Science has available small grants to Master, Doctoral and PhD. Students attending local or overseas conferences during the current year. Each student is entitled to departmental support of **one** conference per year.

(a) MELBOURNE CONFERENCE:
(presenting a paper, **maximum** of \$100)

(b) AUSTRALIAN CONFERENCE:
(presenting a paper, **maximum** of \$300)

(c) OVERSEAS CONFERENCE
(presenting a paper, **maximum** of \$500)

N.B. Students enrolled in the Doctor of Psychology (Forensic), Doctor of Psychology (Health) or the Doctor of Psychology (Clinical - Child) are eligible to only 50 percent of the amount allocated

- Students applying for funding should complete the following
 1. School of Behavioural Science application for postgraduate conference grant.
 2. Guideline Form for Off Campus Travel & Work Policy
http://www.unimelb.edu.au/ehsm/Travel_Authorisation_Form.pdf
 3. GS3C Application for Leave to Study Overseas/Away
<http://www.gradstudies.unimelb.edu.au/currentpg/forms/doc/LOSapp.rtf>
 4. Student Payment Request
http://www.themis.unimelb.edu.au/forms/Student_Payment_Request.pdf
 5. Application for a Student Supplier
http://www.themis.unimelb.edu.au/forms/Student_Supplier_v3.pdf
- Students should then have these three documents approved by their supervisor before forwarding them to the PA to the Head of Department
- PLEASE ATTACH A COPY OF THE CONFERENCE CALL FOR PAPERS, EVIDENCE THAT YOUR PAPER HAS BEEN ACCEPTED, AND A COPY OF THE PAPER ITSELF to assist with this process

**School of Behavioural Science
Application for Postgraduate Conference Grant**

Name: _____ Student No. _____

Address: _____

Postcode: _____ Phone: (Home) _____ (Work) _____

CURRENT ENROLMENT: (PLEASE TICK)

Ph.D. Master of Psych Doctor of Psych M.Psych/Ph.D.

Stream: Clinical Neuro Org Forensic Health Child

Year Level: _____ Status: Full Time Part Time

Supervisor: _____ Supervisor Signature: _____

SCHOLARSHIPES AND AWARDS:

Currently held or applied for: _____

Remunerations for such awards: (Please indicate whether travelling expenses are included and if so, the amount provided)

Name, date and place of conferences

Detailed travel costs - ie Conference Fee, Air Fare, Accommodation

Applicant's signature _____ Date: _____

OFFICE USE ONLY	
Amount Allocated (A) _____ (Max \$100) <input type="checkbox"/>	
(B) _____ (Max \$300) <input type="checkbox"/>	
(C) _____ (Max \$500) <input type="checkbox"/>	
Signature: _____	Date: _____
Resources Manager	Date: _____
Head of Department	Date: _____



APPLICATION FOR A STUDENT SUPPLIER

When a department wishes to make a payment directly to a student, the student needs to be set up as a supplier before the payment claim can be entered into the system by the department as a normal standard invoice. When entered in Themis as a standard invoice, the **Student Payment Request** form must be attached to the Invoice Batch Register as back up.

Note: Please check to see if the Student Supplier already exists in Themis before filling out this form

Student Suppliers are set up under one generic supplier called "STUDENT". The supplier number is 300002. Each student is then set up as a site, with the student number as the site name reference.

Details Required:

Student Name: _____	Student Number: _____
Home Address: _____	
_____	Postcode: _____
Phone: _____	
Department No: _____	Department Contact: _____
	Ext: _____

Payment Method: *(please indicate)*

Cheque:	<input type="checkbox"/> <i>If one off payment, cheque is the preferred method of payment</i>
EFT:	<input type="checkbox"/> <i>Electronic Funds Transfer (if EFT please provide the following information)</i>
Bank Account Details:	
Bank: (eg NAB etc)	_____
Bank Account Name:	_____
BSB Number: (6 digits)	_____ - _____
Account Number:	_____

I hereby confirm the above bank details to be true and accurate. I understand that all payments from this time on will be placed into the account I have specified unless written confirmation is sent by me informing The University of Melbourne of changes made to these details.

Signature of Student _____ **Date:** _____
(Signature only required for EFT Payments)

EFT Remittance Advice Notification: *(please indicate)*

Email Address:	<input type="checkbox"/> <i>Please provide email address:</i> _____
Printed/Posted:	<input type="checkbox"/> <i>The remittance advice will be sent to the above address</i>

**PLEASE FAX COMPLETED FORM TO ACCOUNTS PAYABLE ON 9347 7527
 OR EMAIL TO
finance-accpay@unimelb.edu.au**



STUDENT PAYMENT REQUEST

This form is to be used for all payments to students EXCEPT salary related payments and scholarships and studentships administered by Melbourne Scholarships Office.

Student Name:	Student Number:	Phone:
Student Address: (c/- Dept not sufficient)		Postcode:
Purpose of Payment (What specifically is the payment for or attach documentation)		

<p>The above named student:</p> <p><input type="checkbox"/> Is a full time student.</p> <p><input type="checkbox"/> Is not required to be or become an employee of the University or an employee of the sponsor of this payment,</p> <p><input type="checkbox"/> Has not entered and is not required to enter into an employment contract or a contract for labour that relates to the receipt of the payment below with either the University or the sponsor,</p> <p><input type="checkbox"/> The payment below is provided principally for educational purpose.</p>	<p>This declaration is required for the payment to be income tax exempt unless the payment is for reimbursement and is supported by receipts.</p> <p>Declared by: _____ (per Financial Delegations Regulation 17.1.R6)</p>
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Indicate	Expenditure Type	Amount (incl GST), AUD	Co	Budget Unit	Section	Account	Project	Group	Activity	Location	Tax Code
<input checked="" type="checkbox"/>											
<input type="checkbox"/>	AusAid – Student Reimbursements (for International Centre use only)										FREE-GST
<input type="checkbox"/>	Student Prize / Bursary Gratuitous payment to support student with their study and/or living. <u>No Receipt required</u> Eg. Contribution to books, course fees, travel etc					5731					FREE-GST
<input type="checkbox"/>	Bursary Other Reimbursement of student costs associated with study and/or living. Expenditure was incurred and paid by student and is supported by original receipts.					5731					INPUT TAXED
<input type="checkbox"/>	Undergraduate Scholarship (Attach departmental supporting documentation where applicable)					5483					FREE-GST
<input type="checkbox"/>	Postgraduate Scholarship (Attach departmental supporting documentation where applicable)					5481					FREE-GST
<input type="checkbox"/>	Reimbursement of University expenditure incurred and paid by student – Original receipts must be attached										INPUT TAXED
Total Amount of Claim, AUD			Note: Invoice No format is Student No_DDMMYY ie 12345678_220903								

Upon completion please do one of the following as applicable: forward to your Departmental Finance representative for processing in an Accounts Payable Invoice Batch Register or forward to Accounts Payable Financial Operations for processing via AP imaging. For queries relating to this claim, the Departmental contact person is: _____ ext: _____

Authorised by: _____ Date _____ (Refer: Financial Delegations Regulation 17.1.R6)