

## **Stipend Scholarship Commencement**

(complete a separate form for each stipend scholarship)

Family name: \_\_\_\_\_ First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ UWA student no.: \_\_\_\_\_ UWA staff no.: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Scholarship details:**

Scholarship name: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
\$ value (per annum): \_\_\_\_\_ Enrolment type: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

### **Bank account details:**

*The University will only make payments by fortnightly direct deposit to an Australian financial institution.*

Bank name: \_\_\_\_\_ Account no.: \_\_\_\_\_  
Branch: \_\_\_\_\_ BSB number: \_\_\_\_\_  
Account name: \_\_\_\_\_ Account type: \_\_\_\_\_

By signing this form, I declare, confirm and agree to the following:

1. I enrolled and commenced my research on this date: \_\_\_\_\_.
2. I acknowledge that I have received the Scholarship Conditions applicable to this scholarship.
3. Payroll dates and scheduled adjustment deadlines are accessible via the [HR Calendar](#).
4. I will monitor payments made to me via the [HR ESS portal](#) and advise the GRS immediately if the actual stipend payment amount does not match the expected stipend payment amount.
5. I will notify the GRS in advance if I intend to suspend candidature or withdraw from the course as notification of a required payment adjustment after the HR deadline may result in an overpayment.
6. The University will correct any identified underpayments at the first opportunity.
7. The University will require the refund of any identified overpayments made to me.
8. If I hold a full stipend scholarship, I may undertake no more than eight hours paid work between the hours of 9am to 5pm, Monday to Friday in any week.

The information supplied by me on this form is complete, true and accurate.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Office use only**

Scholarship name: \_\_\_\_\_

Position no: \_\_\_\_\_ Stipend Value: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Length of stipend: \_\_\_\_\_ years \_\_\_\_\_ months

BU: _____	PG: _____	Acct: 532	Split/Funding dates: _____
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Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_