

Return form to:  
Postgraduate Scholarships Co-ordinator  
**Office for Postgraduate Research**  
Victoria University (Footscray Park Campus)  
PO Box 14428, Melbourne, Victoria, 8001

## TO PAY OFFICE

### SCHOLARSHIP PAYMENT DETAILS

**Instructions:** The award holder should complete Sections A and B only.

Payment of the scholarship will not commence until this form, an "Acceptance of Award and Declaration by Award Holder" form **and proof of enrolment** has been received by the Scholarships Coordinator.

#### A. PERSONAL PARTICULARS (to be completed by the award holder)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number (Home/Mobile): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

ID Number: \_\_\_\_\_ Name of Course: \_\_\_\_\_

School/Centre/Institute: \_\_\_\_\_

Phone Number at University: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor: \_\_\_\_\_

#### B. BANKING DETAILS (to be completed by the award holder)

*I hereby authorise my sponsor, Victoria University, pursuant to Section 82(1b) of the Industrial Relations Act 1979, to pay my stipend into my bank account, details of which are provided below.*

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

BSB Code:  -  Account Number:

In the Name(s) of: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### C. AWARD DETAILS (to be completed by the Scholarships Coordinator)

Name of Scholarship: \_\_\_\_\_

Account Code :  -  -  - 4107

Stipend Amount: \$ \_\_\_\_\_ per annum

Date of Award (Start): \_\_\_\_\_ to (End) \_\_\_\_\_

Action required: \_\_\_\_\_

Scholarships Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### D. For Pay Office Use Only

Payroll Number: **SC** \_\_\_\_\_ Position Number: \_\_\_\_\_

Banking details confirmed: Yes  No

Authorising Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_