

# IAR-DS Paid Participation Guide for Stakeholders

## Welcome

Thank you for accepting our invitation to contribute to the work of WA Primary Health Alliance. This engagement falls within the scope of our Paid Participation Policy and we are pleased to offer you payment in recognition of your work with us.

Please complete the following steps to WAPHA at the earliest opportunity. WAPHA cannot make payment to you without this information.

## Getting started

Please complete your registration as a supplier as soon as possible. This is through our ERP system which is called- ASPIRE.

1. [Register as a Supplier](#) - access the registration form via this link

To help you complete your registration, please follow the steps in the Supplier Registration manual (for paid participation).

Following your successful supplier registration, you will be required to also complete the forms below.

## Required Forms

**Important: All paid participants will be required to complete the ATO Standard Choice Form linked below.**

For payment purposes you are considered a 'contractor' to WAPHA for the time you are engaged with us. WAPHA must pay superannuation to all contractors, in addition to the agreed paid participation amount.

This ATO Standard Choice Form is an Australian Tax Office generated document that you need to return to WAPHA. WAPHA will then submit the completed form to the ATO on your behalf.

2. [ATO Standard Choice Form](#) – access form via his link, complete and forward to [training.cop@wapha.org.au](mailto:training.cop@wapha.org.au)

### Under Section A: Employee to complete.

- If you do not have a superannuation fund you should select the third option:

**1 Choice of superannuation (super) fund**

I request that all my future super contributions be paid to: (place an X in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate  Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate  Complete items 2, 4 and 5

The super fund nominated by my employer (in section B)  Complete items 2 and 5

- Then complete remaining sections 2-5 in Section A of the form.
- Section B has already been filled out with the super fund nominated by WAPHA, where payment will be made if you do not have a super fund of your own.

**Important: If you do not have an ABN you will need to complete this Statement by a Supplier Form also.**

**3. [Statement by a Supplier Form](#) - access form via his link, complete and forward to [training.cop@wapha.org.au](mailto:training.cop@wapha.org.au)**

This is the form for contractors to submit to WAPHA if they do not have an ABN. If an invoice is received without an ABN and WAPHA has not received a completed Statement by Supplier Form, an amount equivalent to the highest marginal tax rate will be withheld from the payment.

## Receiving Payment

After your engagement with us has been completed, you need to send us an invoice unless you selected Recipient Created Tax Invoice (RCTI) Agreement at the time of your Supplier registration (see manual for RCTI written agreement).

Your invoice must:

- be addressed to 'WA Primary Health Alliance'
- be marked 'Attention: P Crofts- Training Coordinator'

and include the following information:

- Your 'invoice number and date'
- Purchase order number – *this will be provided to you after you've registered as a Supplier in our ASPIRE platform*
- Contact details of person requesting payment– include 'your full name', 'main site address you practice at', 'phone and email' (*must be the same person who registered in ASPIRE*)
- Nominated bank account details for payment – Bank name, branch, BSB, account number and account name
- Name, date, engagement activity information e.g.

*Dr Heather Brown attended workshop for Initial Assessment & Referral Decision Support Tool (IAR-DS) Attended Monday 3 April 2021*

If registered as a business, have an ABN or your GST registered, then it should also include:

- your 'Legal Entity name' – only include if you registered with this name as in ASPIRE.
- your ABN – only include if you provided this in your Supplier registration.
- your GST Registration details (*registered for GST or not*).

**Note:** If you have no ABN and registered as an 'Individual' please ensure this [ATO Statement by Supplier form](#) accompanies your invoice.

Your invoice should look similar to the following example/s below:

## Example of an invoice for 'Individual'

### TAX INVOICE

**Invoice #** 4650  
**Date:** 1 May 2021

**To:** WA Primary Health Alliance  
Attention: P Crofts- Training Coordinator  
2/1 Hood Street  
Subiaco WA 6008

**From:** Dr Heather Brown  
(*your details*) 5 Red Lane  
Armadale WA 6112  
0478302961  
hbrown@gmail.com  
ABN# (*if provided in your supplier registration*)

**Purchase  
Order #** 00078543 (*your contact at WAPHA will provide this number*)

**Description:** Dr Heather Brown  
attended required workshop  
Initial Assessment & Referral Decision Support Tool (IAR-DS)  
on Monday 3 April 2021

**Payment:** \$270.27 (GST free= not registered for GST)  
**Super:** 11% superannuation  
**Total:** \$300 (GSTFREE + 11% super)

**Payment to:** People's Bank  
High Street Branch  
BSB 078-576  
Account 8972524

## Example of an invoice for a 'Business'

### TAX INVOICE

**Invoice #** 4650  
**Date:** 1 May 2021

**To:** WA Primary Health Alliance  
Attention: P Crofts- Training Coordinator  
2/1 Hood Street  
Subiaco WA 6008

**From:** *Legal Entity Name (only if you registered in ASPIRE as a business)*  
*(your details)* *ABN (only if you registered in ASPIRE as GST registered)*  
5 Red Lane  
Armadale WA 6112  
0478302961  
hbrown@gmail.com

**Purchase Order #** 00078543 *(your contact at WAPHA will provide this number)*

**Description:** Dr Heather Brown  
attended required workshop  
Initial Assessment & Referral Decision Support Tool (IAR-DS)  
on Monday 3 April 2021

**Payment:** \$270.27 (GST inclusive= registered for GST)  
**Super:** 11% superannuation  
**Total:** \$327.02 (GST inclusive + 11% super)

**Payment to:** People's Bank  
High Street Branch  
BSB 078-576 Account 8972524

WAPHA is unable to process payments where stakeholder payment details and invoice are received more than 6 months after the engagement is complete.

## Need further help?

If you require more information or support at any stage of engaging with WAPHA, please email [training.cop@wapha.org.au](mailto:training.cop@wapha.org.au) or call Practice Assist on 1800 2 ASSIST (1800 2 277 478).