

THE UNIVERSITY OF SOUTHERN QUEENSLAND

INTERNATIONAL CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES

INTERNATIONAL SUPERVISING TEACHER/SITE COORDINATOR

INSTRUCTIONS: Upon completion of a Professional Experience placement, the claimant must complete Sections 1, 2 and 3, sign the claim and submit it to the School/Centre Coordinator for certification and forwarding on to the University. **Please ensure all areas of the form are completed fully to avoid delays in processing, some claims may take up to 6 weeks from processing to payment.**

Claims can either be sent via email to: professional.experience@usq.edu.au

Please note:

- Total amount payable for each placement is to be **claimed/divided** between multiple supervising teachers

SECTION 1 Claimant Details

(this information should be of the person who is claiming payment on this form)

Title:	First Names:	Last Name:
Former Name/s (if applicable):		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	National or Passport ID: (Mandatory for payments to Malaysia)	
Mailing Address:		
	Zip/Postcode:	
(Street Address for China and Malaysia – a Post Office Box is not allowed)		
Telephone ☎:	Email:	
(Mandatory field if you are requesting payment by international bank cheque)		
Are you an Australian Resident for Taxation Purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes, please note that all payments to Australian Residents must be taxed. The tax deducted from your income will be at the highest marginal rate unless a Tax File Number Declaration Form has been submitted to UniSQ. UniSQ can provide these forms on request.)		

SECTION 2 Payment Information

(Note: UniSQ advises that you contact your bank as to which is the best method of payment)

Preferred Currency for Payment: (i.e. GBP USD EURO)

(Payment will be made in preferred currency if possible; see important notes below)

METHOD OF PAYMENT REQUESTED (please tick one box to indicate method of payment:

Option 1

International Bank Cheque ☐

International bank cheque is payable to (e.g. full name of mentor):

Option 2:

Wire Transfer:

☐ Please complete bank details below – only necessary for wire transfer payments

WIRE TRANSFERS ONLY – BANK ACCOUNT DETAILS

Financial Institution:

Full Bank Address:

BSB, Sort and/or Swift Number:

IBAN (Mandatory for EURO)

Account Number:

Name of Account Holder:

Other Relevant Information:

Important:

- Due to international banking charges UniSQ suggests payments of less than 200 Australian Dollars (AUD) be made by International Bank Cheque. It is UniSQ policy to absorb all costs on funds coming into Australia and similarly to accept the cost of sending monies outside of Australia. We ensure that the full value of your claim leaves Australia but we cannot be held responsible for the international banking rules and charges in the country of the claimant or by any intermediary bank that may have to be used to transfer funds.
- However, where your preferred currency is other than Australian Dollar (AUD), UniSQ will convert to the equivalent on the day of transfer, at the rate offered by UniSQ's supplier of foreign currency. The claimant accepts this rate of conversion by their signature on this claim form.
- Where UniSQ is unable to transfer Australian Dollar (AUD) or some preferred currencies due to international banking limitations or where the cost of transfer would result in excessive international bank charges for either party, UniSQ will select the most appropriate foreign currency. The claimant accepts this currency by their signature on this claim form.

See over for Claim Details

SECTION 3 Claim Details

School/Centre Name:

School/Centre Address:

Placement dates: From:

To:

Claim Details for Supervising Teachers (i.e. the teacher supervising the pre-service educator):

Name/s of Student/s	Course code, semester, year	Number of Days per Individual Student	Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof)	Current Hourly Rate of Pay (GST Inclusive)		Gross Amount (GST Inclusive)	
				\$	c	\$	c
				7	19		
				7	19		
				7	19		
TOTAL CLAIM (GST Inclusive)							

Claim Details for Site Coordinators:

Names of Student/s	Course code, semester, year	Number of Days per Individual Student	Total Number of Days of Site Coordination	Current Daily Rate of Pay (GST Inclusive)		Gross Amount (GST Inclusive)	
				\$	c	\$	c
				1	52		
				1	52		
				1	52		
TOTAL CLAIM (GST Inclusive)							

I certify that all the details provided above are correct and the hours were worked as claimed:

Supervising Teacher Signature: _____

Coordinator Signature: _____

Please note: The Statement of Supplier form must be attached if the following applies:

- you are an individual or a business
- you have supplied goods or services to another enterprise (the payer)
- you are not required to quote an Australian Business Number (ABN).

SECTION 4 – UniSQ OFFICE USE ONLY

(a) FACULTY OF BUSINESS, EDUCATION, LAW AND ARTS

Checked and Recommended for Payment: _____

Professional Experience Unit

Claimant Type	Hours
Supervising Teacher	
Site Coordinator	

Approved for Payment: _____

Faculty Executive Manager or other Authorised Officer