## THE UNIVERSITY OF SOUTHERN QUEENSLAND



## **CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES**

## **SUPERVISING TEACHER**

**INTRUCTIONS:** Please complete and sign this claim form within 4 weeks of completion of a **domestic Professional Experience placement** and forward on to the University.

Please note, you are not required to complete this form if you supported a student/s undertaking their placement while on a Permission to Teach (PTT). For more information please contact us.

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 should be sent via email to: <a href="will-payments@usq.edu.au">will-payments@usq.edu.au</a>

						Claima	nt Detai	s		
Personal Det	tails									
Salutation:			1	Мr	Mrs	Ms	Miss			
First Name:										
Surname:										
Former name/s (if applicable):										
DOB:										
Home Address:										
Suburb/Town:										
State/Territory:										
Postcode:										
Phone Numbe	er:									
Email:										
UniSQ Payroll	ID:									
School/Cent	re Details		· ·							
Name of Scho										
School/Centre										
Suburb/Town	:									
State/Territor	y:									
Postcode:										
Site Coordinat	tor Name:									
Site Coordinat	tor Email:									
						Bank Acc	ount De	ails		
Financial Insti	itution:									
Account Name:										
BSB Number:					-					
Account Numl	ber:									
Tax File Nun	nber Decla	ration F	orm att	tach	ed: Y	es No	, previou	sly supplied in th	e last 12 months. Fail	ure to provide
this form will	result in yo	ur incom	e being	taxe	ed at the			ate.		•
	_					Clair	n Details			
Placement Da			T						1	
Name of Student/s e.g. John Citizen		Course Code			per Ind Studer includir Da	of <u>Days</u> dividual nt (not ng Lead ys) . <b>15</b>	per (Max	I Number of <u>Hours</u> Individual Student mum of 5 hours pe y or part thereof) e.g 75	Rate of Pay	Gross Amount
									\$7.14	
									\$7.14	
									\$7.14	
certify that all the details provided abov						L HOURS			TOTAL CLAIM (GST Inclusive)	
Certify that a Supervising T				DOV	e are co	rrect an	a the ho	urs were worked	as claimed: Date:	
SECTION 2 - UniSQ OFFICE USE ON Claimant Type Payment Code				TION	Unico	) Payroll ID:				
Claimant Type	IE1	oue	Hours			- ,				
Supervising Teacher	IEI				Prepa	red By:			Date:	
					Checked By:				Date:	

Version: November 2023