## 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>

| Personal Det   |  |                |                         |      |  | Clair   | nicht     | Details  |   |                 |
|--|--|----------------|-------------------------|------|--|---|-----------|--|---|-----------------|
| . Ci sonai Dei   | tails  |                |                         |      |  |   |           |  |   |                 |
| Salutation:  |  |                | 1                       | Mr   | Mrs  | Ms  | Mis       | SS   |   |                 |
| First Name:  |  |                |                         |      |  |   |           |  |   |                 |
| Surname:   |  |                |                         |      |  |   |           |  |   |                 |
| Former name,   | /s (if applica   | able):         |                         |      |  |   |           |  |   |                 |
| DOB:   | - ( spp  |                |                         |      |  |   |           |  |   |                 |
| Home Address   | s:   |                |                         |      |  |   |           |  |   |                 |
| Suburb/Town:   |  |                |                         |      |  |   |           |  |   |                 |
| State/Territor   |  |                |                         |      |  |   |           |  |   |                 |
| Postcode:  | <b>,</b> .   |                |                         |      |  |   |           |  |   |                 |
| Phone Numbe  | r  |                |                         |      |  |   |           |  |   |                 |
| Email:   |  |                |                         |      |  |   |           |  |   |                 |
| UniSQ Payroll  | ID:  |                |                         |      |  |   |           |  |   |                 |
| School/Cent  |  |                |                         |      |  |   |           |  |   |                 |
|  |  |                |                         |      |  |   |           |  |   |                 |
| Name of Scho   |  |                |                         |      |  |   |           |  |   |                 |
| School/Centre  |  |                |                         |      |  |   |           |  |   |                 |
| Suburb/Town:   |  |                |                         |      |  |   |           |  |   |                 |
| State/Territor   | y:   |                |                         |      |  |   |           |  |   |                 |
| Postcode:  |  |                |                         |      |  |   |           |  |   |                 |
| Site Coordinat   |  |                |                         |      |  |   |           |  |   |                 |
| Site Coordinat   | tor Email:   |                |                         |      |  |   |           |  |   |                 |
|  |  |                |                         |      |  | Bank A  | Accou     | ınt Details  |   |                 |
|  |  |                |                         |      |  |   |           |  |   |                 |
| Financial Insti  |  |                |                         |      |  |   |           |  |   |                 |
| Account Name   |  |                |                         |      |  |   |           |  |   |                 |
| Account Name<br>BSB Number:  | e:   |                |                         |      | -  |   |           |  |   |                 |
| Account Name<br>BSB Number:<br>Account Numb  | e:<br>per:   |                |                         |      | -  |   |           |  |   |                 |
| Account Name<br>BSB Number:<br>Account Numb<br>Tax File Num  | e:<br>per:<br>n <b>ber Decla</b>   |                |                         |      |  | Yes N   | No, p     | reviously supplied in the l  | <b>ast 12 months.</b> Failu   | ıre to provide  |
| Account Name<br>BSB Number:<br>Account Numb  | e:<br>per:<br>n <b>ber Decla</b>   |                |                         |      |  | e highes  | st mai    | rginal rate.   | ast 12 months. Failu  | ıre to provide  |
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| Account Name BSB Number: Account Numb Tax File Num this form will Placement Da Name of St  | per:  nber Decla result in you tes: From udent/s   | ur inco        | me being<br>T           | taxe | Numbe<br>per Ir<br>Stude<br>includ                     | er of <b>Day</b> ndividual ent (not ing Leadays)                              | aim D     | Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof)                                  | Current Hourly<br>Rate of Pay<br>\$7.46                             | Gross           |
| Account Name BSB Number: Account Numb Tax File Num this form will Placement Da Name of St  | per:  nber Decla result in you tes: From udent/s   | ur inco        | me being<br>T           | taxe | Numbe<br>per Ir<br>Stude<br>includ                     | er of <b>Day</b> ndividual ent (not ing Leadays)                              | aim D     | Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof)                                  | Current Hourly<br>Rate of Pay<br>\$7.46                             | Gross           |
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| Account Name BSB Number: Account Numb Tax File Num this form will Placement Da Name of St  | per:  nber Decla result in you tes: From udent/s   | ur inco        | me being<br>T           | taxe | Numbe<br>per Ir<br>Stude<br>includ<br>D<br><b>e.</b> 9 | er of <b>Day</b> ndividual ent (not ing Leadays)                              | st maim D | Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof)                                  | Current Hourly Rate of Pay  \$7.46 \$7.46 \$7.46 TOTAL CLAIM        | Gross           |
| Account Name BSB Number: Account Number Tax File Num this form will Placement Da Name of St e.g. John (  | per:  per: | Cou            | rse Code                | taxe | Numbe<br>per Ir<br>Stude<br>includ<br>D<br>e.g         | er of <u>Day</u> ndividual ent (not ing Lead ays)                             | ys I      | Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof) e.g 75  the hours were worked as | \$7.46<br>\$7.46<br>\$7.46<br><b>TOTAL CLAIM</b>                    | Gross           |
| Account Name BSB Number: Account Name BSB Number: Account Number: Accoun | per:  per: | Cou<br>ails pr | rse Code                | bove | Number per Ir Stude include D. e                       | e highes Cla er of Day ndividual ent (not ing Lead ays) g. 15  AL HOU         | ys I      | Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof) e.g 75  the hours were worked as | \$7.46<br>\$7.46<br>\$7.46<br><b>TOTAL CLAIM</b><br>(GST Inclusive) | Gross           |
| Account Name BSB Number: Account Name BSB Number: Account Number: Accoun | per:  per: | Cou<br>ails pr | rse Code                | bove | Number per Ir Stude include D. e                       | er of <u>Day</u> ndividual ent (not ing Lead ays)                             | ys I      | Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof) e.g 75  the hours were worked as | \$7.46<br>\$7.46<br>\$7.46<br><b>TOTAL CLAIM</b><br>(GST Inclusive) | Gross           |
| Account Name BSB Number: Account Name Account Number: Acco | per:  Ther Decla result in you tes: From udent/s  Citizen  all the det. Feacher Sig  | Cou<br>ails pr | Trse Code  Tovided ale: | bove | Number per Ir Stude includ D. e.g.                     | e highes Cla er of Day ndividual ent (not ing Lead ays) g. 15  AL HOU         | ys I      | Total Number of Hours per Individual Student (Maximum of 5 hours per day or part thereof) e.g 75  the hours were worked as | \$7.46<br>\$7.46<br>\$7.46<br><b>TOTAL CLAIM</b><br>(GST Inclusive) | Gross           |

Version: July 2023