|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School of Human Movement & Nutrition Sciences** | | | | | | | | **Supervising Teacher Payments**  **School of Human Movement & Nutrition Sciences**  **The University of Queensland**  **St Lucia Q 4072**  **Phone (07) 3346 9541**  **Fax (07) 3365 6877** | | | |
| **PRACTICE TEACHING CLAIM FORM**  (A separate claim must be lodged by each teacher / coordinator) | | | | | | | | | | | |
| **1** | **School details** | | | | | | | | | | |
|  | School name | |  | | | | | | | | |
| School postal address | |  | | | | | | | | |
| School telephone | |  | | | | School fax | |  | | |
|  | |  | | | |  | |  | | |
| **2** | **Personal details** | | | | | | | | | | |
|  | Surname | |  | | | | | | | | |
| Given names | |  | | | | | | | | |
| Email | |  | | | | | | | | |
| Date of birth | |  | | | | | | | | |
| Name of bank | |  | | | | | | | | |
| Branch | |  | | | | | | | | |
| BSB number | |  | | | | Account number | |  | | |
|  | | | | | | | | | | |
| **3** | **Claim details** | | | | | | | | | | |
|  | Name of supervised student | | | |  | | | | | | |
| Name of supervised student | | | |  | | | | | | |
| Name of supervised student | | | |  | | | | | | |
|  | | | |  | | | | | | |
| \*Supervised Practicum  Coordination (PRACT) | | | Supervision (PTED01) | | | Other (PTED02) | | | | Total |
| Total number of coordination days | UQ use only  $1.44 / day | | Total number of supervision hours | | UQ use only  $4.21 / hour | Total number of other hours | | | UQ use only  $12.28 / hour | UQ use only  Total |
|  |  | |  | |  |  | | |  |  |
| \* Coordination allowance may only be claimed if 2 or more supervising teachers are involved. | | | | | | | | | | | |

**Please tick appropriate student category**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 3rd Year Human Movement & Nutrition Sciences student(s) for Observation Practicum (Semester 1) | | | |
|  | 3rd Year Human Movement & Nutrition Sciences student(s) for Minor Practicum (Semester 2) | | | |
|  | 4th Year Human Movement & Nutrition Sciences student(s) for Major Practicum (Semester 1) | | | |
|  | For the period | / / | to | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4** | **Certification** | | | |
|  | Supervising teacher | I certify that the above details are correct and a completed Tax Declaration form is either attached or has been submitted in the last 12 months | | |
| Signature |  | Date |  |
|  |  |  |  |
|  | School Coordinator | I certify that such verifications as are necessary have been carried out to ensure that this claim is properly payable. | | |
| Signature |  | Date |  |
|  |  |  |  |
| **Please return this form to the School of Human Movement & Nutrition Sciences** | | | | |
|  | | | | |
|  | **UQ use only** | | | |
|  | School of Human Movement &  Nutrition Sciences | I certify that services in respect of the above claims were satisfactory. Funds are available and payment is approved. | | |
| Signature |  | Date |  |
|  | (Head of School or Financial delegate) |  |  |
|  | Account number | **2008501 01 101 01 650640 FFT PRACTICUM** | | |
| Date Processed |  | Aurion No |  |
|  |  |  |  |