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| **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 onlyTotal |
|  |  |  |  |  |  |  |
| \* 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 |  |
|  |  |  |  |