|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School of Human Movement & Nutrition Sciences** | | | | | | | **Supervising Teacher Payments**  **HABS HR Transactions**  **Faculty of Health and Behavioural Sciences**  **The University of Queensland 4072**  [**habs-hr-transactions@uq.edu.au**](mailto:habs-hr-transactions@uq.edu.au) | | | | |
| **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 | | |  | | | | | | | |
| **If you are a supervising teacher, complete the first section ‘Supervising Teacher (PTED01)’**  **Max claim of 25 hours/week per student. If multiple supervisors – time will need to be divided appropriately** | | | | | | | | | | |
|  | | |  | | | | | | | |
| **Supervising Teacher Only**  **(PTED01)** | | | Official School Professional Experience Coordinator (PRACT) | | | | For seminar or specialist PD sessions conducted specifically for the pre-service teachers (PTED02) | | | Total |
| **Total number of supervision hours (25/week max)** | UQ use only  $4.21 / hour | | Total number of coordination days | UQ use only  $1.44 / day | | | Total number of other hours | | UQ use only  $12.28 / hour | UQ use only  Total |
|  |  | |  |  | | |  | |  |  |

**Please tick appropriate student category**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 3rd Year pre-service teachers for *Observation Professional Experience* **(March)** | | | |
|  | 3rd Year pre-service teachers for *Minor Professional Experience* **(July)** | | | |
|  | 3rd Year pre-service teachers for *UniPE Secondary Professional Experience* **(October)** | | | |
|  | 4th Year pre-service teacher(s) for *Major Professional Experience* **(March - June)** | | | |
|  | 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 past | | |
| Signature |  | Date |  |
|  | Official School Professional Experience Coordinator | I certify that such verifications as are necessary have been carried out to ensure that this claim is properly payable. | | |
| Signature |  | Date |  |
|  |  |  |  |
| **Please email this claim form and Tax File Dec form to HABS HR Transactions** | | | | |
| **[habs-hr-transactions@uq.edu.au](mailto:habs-hr-transactions@uq.edu.au)** | | | | |
|  | **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 |  |
|  |  |  |  |