

Supervising Teacher Pay Claim Form to be forwarded within 20 working days at end of placement period

School of Education	Placement pe	eriod:		to			_						
1 Personal Details			2 School I	Details									
Claimant's Surname			Name of School										
First Name D.o.B.			chool Addres	S									
Home Address													
		s	Site Coordinator's Name										
Phone No.	P	Phone No.											
Email	S	Site Coordinator's Email											
3 Claim Details: FOR SUPER Course Code	No. of Days	No. of Pre-Serv Teacher		NLY me/s of UQ Pre-Serv supervised		Tea	ache	rs					i on % 5 = 50%)
			vice Teache pervision uq use only \$7.46/hi (WORK17) (PTE	,						_			
				Department of Education, d to be paid to 'general' sc					ıly pe	erm	nitted	l to be	e made to
Name of Bank				BSB Number				$\overline{\mathbb{T}}$					
Account Name				Account Number				Ι	I	\Box			
5 Certification Supervising Teacher: I certify that the above detail	ls are correct. Sign	nature							Do	ate	· _		
6 Return forms to: pracpay	claims@uq.edu.au		Pleas	Direct payment enq e note: Payment may take								ceipt	
7 Tax File Number Declarate Complete the 'Tax File Number Declarate Complete C		nd return with	this form to t	he email above.									
UQ Use Only													
Aurion No:	Employee No:		Date Processed	d:	Date Approved:								

CRICOS No. 00025B Apr 2024