

## **School of Education**

## Guidance Officer Pay Claim Form to be forwarded within 20 working days at end of placement period

Placement period: \_\_\_\_\_ to \_\_\_\_

School Address  Phone No.  Email  3 Claim Details - Practicum in Guidance, Counselling & Careers  Course Code Number of Hours Supervision Name of Student  MEd Studies Student Supervision  UQ Use Only Total No of Hours  \$7.46 p/hr (WORK27) (PTEDD1)  PLEASE NOTE: From 2022 as part of the PEPA Agreement with the Department of Education, payments are only permitted to be made to individual supervising Guidance Officer bank accounts and are not permitted to be paid to 'general' school accounts  Name of Bank Account Name  Account Name  Date  Date	1 Personal Details			2 School D		
Phone No.  Email  3 Claim Details - Practicum in Guidance, Counselling & Careers  Course Code Number of Hours Supervision Name of Student  MEd Studies Student Supervision  UQ Use Only Total No of Hours \$7.46 p.hr (WORK17) (PTEDD1)  4 Banking Details  Name of Bank Name of Bank Name of Bank Account Name Account Name Account Name  5 Certification  Guidance Officer: Lertify that the above details are correct. Signature  Date	Claimant's Surname			Name of Schoo	ol	
Phone No			School Address	S		
Course Code Number of Hours Supervision Name of Student  MEd Studies Student Supervision  MEd Studi	Home Address					
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MEd Studies Student Supervision  UQ Use Only Total No of Hours VCORK17) (PTED01)  4 Banking Details PLEASE NOTE: From 2022 as part of the PEPA Agreement with the Department of Education, payments are only permitted to be made to individual supervising Guidance Officer bank accounts and are not permitted to be paid to 'general' school accounts  Name of Bank Account Name Account Number  5 Certification Guidance Officer: I certify that the above details are correct. Signature  Date	3 Claim Details - Practicum	n in Guidance	, Counselling & Care	ers		
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5 Certification  Guidance Officer:  I certify that the above details are correct. Signature						
Guidance Officer:  I certify that the above details are correct. Signature	Account Name				Account Number	
I certify that the above details are correct. Signature	5 Certification					
	Guidance Officer:					
	I certify that the above deta	Signature			Date	
6 Return forms to: pracpayclaims@uq.edu.au Direct payment enquiries to: 07 3365 6550 Please note: Payment may take 4-6 weeks to process upon receipt.						
7 Tax File Number Declaration forms						
Complete the 'Tax File Number Declaration' form and return with this form to the email above.						
UO Usa Only	UQ Use Only					
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CRICOS No. 00025B Oct 2024