

## STATEMENT OF SUPERVISION BY MENTOR TEACHER

Please return to: University of South Australia GPO Box 2471 Adelaide SA 5001

IPC: MAG-02 (Attn: Professional Experience Office)

Attention: PEO Finance

Email: UnisaPlacement@unisa.edu.au

Ph: (08) 8302 6606

Student Teacher Name	Jane Smith							
Practicum	EDUC 1044 Professional Experience B-3 (EC)							
Total Claimable Days	20							
chool Details								
School Name	South Australian School							
Address	123 Adelaide Street, Adelaide, 5000, SA							
PLACEMENT BLOCK: From		27/04/2024	то 23/06/202		24	Account Code (office use only)		
ote: If a Pre-Service T ill be split accordingl		is supervised by	y more	than one M	lento	r Teachers	then	the number of days
Claimant's Name		Position	cl	No of days claimed for payment		ate per day T		otal Amount Claimed
John Doe		Mentor Teacher		20		\$37.22		744.40
						\$37.22		
						\$37.22		
						\$37.22		
						\$37.22		
						TOTAL		\$744.40
ertification by Coordinator/		-					Date	
OTE: Each claimant must TFN Declaration Form Il payments direct to A sust be completed for see the data supplied b	n must ATO via UniSA	be supplied in o Single Touch P Payroll to pay yo	order to ayroll. ou. Wit	receive pay Your Full N thout the rec	ymei ame, quire	nt because Date of B d informat	irth an ion, y	d Tax File Declarati ou will not be able t
ease email <u>UnisaPlacement</u>	@unisa.ed	du.au if you would like	а сору	of an electronic	TFN D	eclaration Fo	m to be	emailed to you.
UTHORISATION (Univ	ersity (	of South Austral	ia use	only)				
suthorise this appointment on the appointee.	behalf of	the University and ve	rify that	the rate of pay of	ffered	is appropriate	e to qual	ifications/relevant experier