

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)

Education Futures

Attention: PEO Finance

Email: UnisaPlacement@unisa.edu.au

Ph: (08) 8302 6606

Student Teacher Name	
Practicum	
Total Claimable Days	

School Details

School Name	
Address	

PLACEMENT BLOCK:	From		To		Account Code (office use only)	
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Note: If a Pre-Service Teacher is supervised by more than one Mentor Teachers then the number of days will be split accordingly.

Claimant's Name	Position	No of days claimed for payment	Rate per day	Total Amount Claimed
			\$37.22	
			\$37.22	
			\$37.22	
			\$37.22	
			\$37.22	
TOTAL				

Certification by Coordinator/Principal – Signature Date

NOTE: Each claimant must attach a completed Claimant's Details form for payment.

A TFN Declaration Form must be supplied in order to receive payment because UniSA Payroll now submit all payments direct to ATO via Single Touch Payroll. Your Full Name, Date of Birth and Tax File Declaration must be completed for UniSA Payroll to pay you. Without the required information, you will not be able to see the data supplied by UniSA Payroll on your MyGov for tax returns. In the past, this was not an issue.

Please email UnisaPlacement@unisa.edu.au if you would like a copy of an electronic TFN Declaration Form to be emailed to you.

AUTHORISATION (University of South Australia use only)

I authorise this appointment on behalf of the University and verify that the rate of pay offered is appropriate to qualifications/relevant experience of the appointee.

Head of School/Head of Unit or Nominee Date

CLAIMANT'S DETAILS

Family Name Dr/Mr/Mrs/Ms/Miss					
GIVEN NAMES					
HOME ADDRESS					
Suburb				Postcode	
Mobile Phone		Work Phone		Date of Birth	
Email Address				<input type="checkbox"/> Male	<input type="checkbox"/> Female

Placement Block Details

PLACEMENT DATES:	From		To		Account Code (office use only)	
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BANK DETAILS

I request that any monies due to me from the University of South Australia for salary or wages be paid into my bank account as detailed hereunder.

ACCOUNT DETAILS

Name of Financial Institution	
Branch	
BSB Number (6 digits)	
Account Number (9 digits max)	
Account Name	

Please check these numbers with your financial institution to avoid delays in payments.

Please Read and Sign Contract Conditions below:

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These contracts may be terminated by the giving of twenty-four hours notice by either party to the other, or payment in lieu thereof. Acceptance of this contract indicates agreement to abide by the University's equal opportunity and anti-discrimination policies.

Claims are validated and processed in accordance with UniSA validation criteria, please allow for a four week lead time from receipt of claim.

If the claimant is a site or organisation a TAX INVOICE must be included for the Total amount + GST. (ie: Days x Rate = \$\$ plus GST)

I accept this offer of appointment and I claim payment. **I certify that work has been completed.**

Claimant's Signature

Date