



Claim for Professional Experience Allowances

Upon completion of a Professional Experience placement the claimant must complete all sections, sign the claim form (electronic is accepted). **Please ensure all areas of the form are completed fully to avoid delays in processing.** Some claims may take up to 8 weeks from processing to payment. Payment will not be made until the completion of the placement and the submission of the assessment documentation.

Claims should be sent via email to Professional.Experience@educ.utas.edu.au

Please note:

- If there is more than one Supervising Teacher/School Placement Coordinator per placement, the total amount payable for the placement is divided between the relevant claimants.
- This form is only intended for domestic claims where funds are to be paid to the individual. If claims are to be paid to the school/centre, please request and complete a Whole Site Tax Invoice.
- *If you have been paid by UTAS previously, your UTAS Employee Number can be found on an old payslip. Please leave blank if unsure
- If you require instruction on filling out the taxation section, please refer to the Australian Taxation Office website at: <https://www.ato.gov.au/Forms/TFN-declaration/>

Claimant Details

Title:	Surname:	First Name:
Date of Birth:	Phone:	
Email:		
Have you submitted a claim with UTAS previously? No Yes UTAS Employee No*:		
Home Address:		
Suburb:	State:	Post Code:

Bank Account Details: Payment of claims will be made by Electronic Funds Transfer ONLY

Name of Financial Institution:	
Account Name:	
BSB Number: Must be 6 digits	Account Number: Maximum 9 digits

Taxation Details

Tax File Number? Must be 9 digits	Do you have a Higher Education Loan Program (HELP), VET Student Load (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Load (TSL) debt? Yes No
Are you: An Australian Resident for tax purposes OR A foreign resident for tax purposes	
Do you want to claim the tax-free threshold? Yes No	

Claim Details

School/Centre:				
Will other Supervising Teachers be claiming days for any of the below students? Yes No				
Name of Student/s	No. days supervised	Supervising Teacher	School Coordinator	Pay Code (office use only)
			or	
			or	
			or	
			or	

I certify that all details provided above are correct and the hours worked as claimed.

**Claimant
signature:**

Date: