THE UNIVERSITY OF SOUTHERN QUEENSLAND

INTERNATIONAL CLAIM FOR PROFESSIONAL EXPERIENCE ALLOWANCES

AUSTRALIA

INTRUCTIONS: (MENTOR) **PLEASE PRINT** **FORM A**

Upon completion of all Professional Experience for ONE semester the claimant must complete Sections 1, 2 and 3, sign the claim and submit it to the School/Centre Coordinator for certification and forwarding on to the University.

Claims must be mailed to: The Professional Experience Support Office, Faculty of Education, University of Southern Queensland, Toowoomba 4350 Qld, AUSTRALIA

SECTION 1 Claimant Details (This information should be of the person who is claiming payment on this form)

Surname: _____ Title: _____ Given Names: _____

Mailing Address: _____ Date of Birth: ____/____/____ Sex M/F

_____ National or Passport ID_____
(Mandatory for payments to Malaysia)

_____ Zip/Post Code: _____
(Street Address for China and Malaysia – a Post Office Box is not allowed)

Telephone _____ Email _____
(Mandatory field if you are requesting payment by an international bank cheque)

Are you an Australian Resident for Taxation Purposes? Yes ☐ No ☐
(If yes, please note that all payments to Australian Residents must be taxed. The tax deducted from your income will be at the highest marginal rate unless a Tax File Number Declaration Form has been submitted to USQ. USQ can provide these forms on request.)

SECTION 2 – Payment Information (Note: USQ advises that you contact your bank as to which is the best method of payment)

Payment Details: PREFERRED CURRENCY FOR PAYMENT: _____ (i.e. GBP USD EURO)
(Payment will be made in preferred currency if possible, see important notes below)

METHOD OF PAYMENT REQUESTED (Please tick one box to indicate method of payment):

Option 1
INTERNATIONAL BANK CHEQUE ☐ International cheque is payable to: (e.g. full name of invigilator)

(Please print) Full Name: _____

Option 2
WIRE TRANSFER ☐ Please complete bank details below - only necessary for wire transfer payments

WIRE TRANSFERS ONLY - BANK ACCOUNT DETAILS

Financial Institution: _____

Full Bank Address: _____

_____

_____

BSB, Sort and or Swift Number: _____ **(Identify which one)**

IBAN (Mandatory for EURO) _____

Account Number: _____ **(Do not use a card number)**

Name of Account Holder _____

Other Relevant Information _____

Important:

(1) Due to international banking charges USQ suggests payments of less than 200 Australian Dollars *(AUD)* be made by International Bank Cheque. It is USQ policy to absorb all costs on funds coming into Australia and similarly to accept the cost of sending monies outside of Australia. We ensure that the full value of your claim leaves Australia but we cannot be held responsible for the international banking rules and charges in the country of the claimant or by any intermediary bank that may have to be used to transfer funds.

(2) However where your preferred currency is other than Australian Dollar *(AUD)*, USQ will convert to the equivalent on the day of transfer, at the rate offered by USQ's supplier of foreign currency. The claimant accepts this rate of conversion by their signature on this claim form.

(3) Where USQ is unable to transfer Australian Dollar *(AUD)* or some preferred currencies due to international banking limitations or where the cost of transfer would result in excessive international bank charges for either party, USQ will select the most appropriate foreign currency. The claimant accepts this currency by their signature on this claim form.

See over for claim details

SECTION 3 Claim Details School/Centre: _____

School/Centre Address: _____

_____

Current Period of Employment at USQ: From: _____/_____/_____ to: _____/_____/_____

Names of Students	Hours per	Total Hours	Current Rate Pay		Gross Amount	
	Individual Student		$	c	$	c

CERTIFICATION OF CLAIMANT: I certify that the details in the sections 1, 2 and 3 are correct: _____ ___/___/___

CERTIFICATION OF SCHOOL/CENTRE COORDINATOR: I certify that the hours were worked as claimed: _____ ___/___/___

SECTION 4 -USE OFFICE USE ONLY VENDOR NO:_____
FACULTY OF EDUCATION

Checked and Recommended for Payment: _____ _____/_____/_____
Professional Experience Support

Approved for Payment: _____ _____/_____/_____
Dean or other Authorised Officer