

Early Childhood Teacher Scholarship Salary Contribution Request Form



Please complete this form to apply for reimbursement of the scholarship recipient's gross salary paid during the professional experience/practicum period required by the study program. It is important that you read the *Salary Contribution Fact Sheet* (available from the DET website) before completing this form.

PRIVACY NOTICE: The Department of Education and Training is collecting this information as authorised under the *Financial Accountability Act 2009*. The information you provide in this form will be used by the Department to administer the scholarship program and will only be accessed and used by authorised employees within the department in processing of payments. Otherwise your information will not be disclosed to any other person or agency unless you have given us express permission or we are required by law. Personal information collected by the Department is handled in accordance with the [Information Privacy Act 2009](#).

Centre Details

Trading Name:			
Contact's Surname:		Given Names:	
Business Address:			
Telephone:		Mobile:	
Email:			
ABN:		GST Registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Centre Payment Details

Financial Institution:		Branch:	
BSB:		Account Number:	
Account Name:			

Scholarship Recipient's Professional Experience/Practicum Details

Surname:		Given Names:	
Placement Location:			
Placement Start Date:	/	/	Total number of days completed
Placement Finish Date:	/	/	

Scholarship Recipient's Salary Details

Normal Hrs Per Week:		Gross Hourly Rate:	\$
Did the scholarship recipient take leave to undertake the professional experience/practicum?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify hours and type of leave used by the scholarship recipient.	Hours		
<input type="checkbox"/> Annual leave	<input type="checkbox"/> Study leave	<input type="checkbox"/> Personal leave	<input type="checkbox"/> Other (please specify):

Scholarship Recipient's Certification

<input type="checkbox"/> I certify that I have completed the professional experience/practicum period indicated above and that my employer has provided me with my usual salary during this period.				
<input type="checkbox"/> I certify that the information contained in this form is true and accurate.				
Recipient's Signature:		Date:	/	/

Employer Certification

<input type="checkbox"/> As the employer, support has been provided to the scholarship recipient to undertake the required professional experience/practicum as part of the study program. Therefore I wish to seek 50% reimbursement of the usual gross salary paid by this centre as the employer to the scholarship recipient. A Tax invoice has been supplied with this form to seek reimbursement.				
<input type="checkbox"/> I certify that the information contained in this form is true and accurate.				
Employer's Signature:		Date:	/	/

Completed form and related documents are to be forwarded to:

Early Childhood Teacher Scholarship
Workforce Initiatives, Human Resources
Department of Education and Training
PO Box 15033, City East Q 4002

Specific enquiries should be directed to earlychildhoodscholarships@deta.qld.gov.au