**Contribution to Backfill Expense Claim Form**

Employers of participants completing a training course may be eligible to claim a contribution to a backfill expense for the purpose of employing someone where it is necessary to replace a staff member while they attend the training course listed below. The contribution offered is based on average casual mid-range rates. The contribution towards backfill expenses may not cover the full cost to your service.

To claim: **please complete this form and submit with a tax invoice within 2 weeks of attendance**. All claims must be submitted by 6 June 2025. If your claim is approved, you should receive payment within 60 days of submitting a correctly completed form and invoice.

Tax Invoice made out to: **Department of Education, GPO Box 4367, Melbourne, Vic, 3001.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRAINING COURSE DETAILS** | | | | |
| **Training course:** | ***Respectful Relationships professional learning for early childhood educators*** | | | |
| **Date(s) of course:** |  | | | |
| **Location:** |  | | | |
| **ATTENDEE DETAILS** | | | | |
| **Name of attendee:** |  | | | |
| **Name of early childhood service:** |  | | | |
| **Tax Invoice:** |  | The Tax Invoice attached is from an early childhood service.  If yes, use the claim rates for early childhood in the section below and include GST. Make sure the GST is shown on a separate line. | | |
| **Claim rates for early childhood services:** |  | Early Childhood Teacher ($421.30 per day)  ($383.00 NET + $38.30 GST = $421.30) | | |
|  | Diploma or Advanced Diploma Qualified  ($320 per day) ($290.91 NET + $29.09 GST = $320) | | |
|  | Certificate III Qualified ($286 per day)  ($260.00 NET + $26.00 GST = $286) | | |
| **Hours claiming:** | *(there is 7.6 hours in a standard working day)* | | | |
| **DETAILS OF THE EARLY CHILDHOOD SERVICE ISSUING THE INVOICE**  *(Please ensure all the following details are provided on your Tax Invoice)* | | | | |
| **Service name:** |  | | | |
| **Name of key contact:** |  | | | |
| **ABN:** |  | | | |
| **Address:** |  | | | |
| **Suburb:** |  | | **Postcode:** |  |
| **Telephone:** |  | | | |
| **Email:** |  | | | |
| **ACCOUNT DETAILS FOR PAYMENT**  *(Please ensure all the following details are provided on your Tax Invoice)* | | | | |
| **Account name:** |  | | | |
| **Bank name:** |  | | | |
| **BSB:** |  | | | |
| **Account number:** |  | | | |

**Please email your completed documents ‘*Backfill Claim/s’* form and *Tax Invoice* to:** [**Respectful.Relationships@education.vic.gov.au**](mailto:Respectful.Relationships@education.vic.gov.au)