# Effective Mentoring Program 2024

# Backfill contribution claim form

This document contains information and a claim form for backfill contributions to support participants to engage in the Effective Mentoring Program.

## Backfill contribution payments

### Conditions and eligibility

Employers of staff participating in the **Effective Mentoring Program** (the program) may be eligible to claim a contribution towards backfill for their employees’ participation in the program.

The following conditions apply:

* A contribution can be paid to an approved provider of a funded Victorian kindergarten service only, not an individual, and is based on average mid-range rates per the table below. It may not cover the full cost of replacement staff.
* The maximum backfill contribution for 1 participant over a 12-month period is 2 days, depending on which program the employee has participated in, either the 2-day program (2 days backfill) or the 1-day refresher (1 day backfill).
* Claims are subject to the department confirming the attendance at the program days.
* To claim this contribution, submit a completed claim form and an itemised tax invoice to [ec.mentoring@education.vic.gov.au](mailto:ec.mentoring@education.vic.gov.au).
* **Reimbursement claims must be submitted no later than 14 October 2024.**
* By submitting a claim form and tax invoice for a backfill contribution payment, you acknowledge that your claim may be subject to an audit.

### Privacy

The department has obligations in handling personal information. Based on Victorian Privacy laws, these obligations are outlined in our Privacy Policy: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>

In this form and associated tax invoice, you as an employer are providing the personal information of your employee to the department. As such, we ask that you please make the following information available to the employee before you provide it to the department: what personal information is provided, that it will be used for the purposes of verifying attendance to reimburse a contribution to backfill or where authorised or required by law. Your employee can request access to the personal information that the department holds about them and request that it be corrected by contacting [ec.mentoring@education.vic.gov.au](mailto:ec.mentoring@education.vic.gov.au).

### Rates

|  |  |  |
| --- | --- | --- |
|  | **Contribution rate - 1 day** | |
|  | **Net**  **(ex-GST)** | **Total**  **(inc. GST)** |
| **Early Childhood Teacher** | $383.00 | $421.30 |

## How to make a claim

To claim a backfill contribution payment:

1. Complete the ‘Backfill contribution claim form’ (below).
2. Send the completed form, and a tax invoice raised by the approved provider, via email to [ec.mentoring@education.vic.gov.au](mailto:ec.mentoring@education.vic.gov.au) by **14 October 2024**.

**Tax invoices must specify the following information:**

* Tax invoice number
* Date of tax invoice
* Organisation (approved provider) name and address
* Organisation (approved provider) ABN
* Description line must include all the following, as relevant:
  + **Program name**, **Participant’s name, VIT registration number, number of days and dates of backfill, service name and service number**, e.g. “*Effective Mentoring Program 2023*, *Mary Smith, (VIT: 123456) 2 days backfill on 02/01/2023 and 05/02/2023, Sunshine Early Learning, SE-123456”*
* GST exclusive amount
* GST amount (if applicable)
* Total amount (inclusive of GST, if applicable)

Address the invoice to:

Department of Education

GPO Box 4367

Melbourne Victoria 3000

# Backfill contribution claim form

**Effective Mentoring Program 2024**

Submit this completed form, and a tax invoice raised by the approved provider, via email to [ec.mentoring@education.vic.gov.au](mailto:ec.mentoring@education.vic.gov.au).

**Please submit the form no later than 14 October 2024**.

|  |  |
| --- | --- |
| Item | Response |
| Full name of the program participant |  |
| VIT registration number  [www.vit.vic.edu.au/search-the-register](http://www.vit.vic.edu.au/search-the-register) |  |
| Program date/s attended |  |
| Approved provider name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Attestation | | | |
| I declare that the participant listed above was required to be backfilled to attend the Effective Mentoring Program | | |  |
| I have attached a valid tax invoice along with this completed form | | |  |
| I acknowledge that I am authorised to submit this claim | | |  |
| Your name |  | Your position |  |
| Phone number |  | Email address |  |