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**EARLY ABLES ONLINE PROFFESSIONAL LEARNING MODULE**

**Contribution to Backfill Expense Claim Form**

Employers of staff undertaking DET approved professional development may be eligible to claim a contribution for 1 day of educator backfill. This will enable completion of the online professional learning module and educator critical reflection, planning and preparation to support the learning of children with disabilities/ developmental delays in the participant’s early childhood service. 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 or school.

**To claim a contribution to backfill expense, please complete this form and submit with a tax invoice by 15 May 2019. If your claim is approved, your service/school should receive payment within 60 days of submitting a correctly completed form and tax invoice.**

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| **TRAINING COURSE DETAILS** | | | | |
| **Training course:** | ***Early ABLES Online Professional Learning Module*** | | | |
| **Date(s) of course:** |  | | | |
| **PARTICIPANT DETAILS** | | | | |
| **Name of participant:** |  | | | |
| **Name of early childhood service / school:** |  | | | |
| **Tax invoice:** |  | The Tax Invoice attached is from a school.  If yes, use the backfill claim rates below but do not include GST.  The Tax Invoice attached is from an early childhood service.  If yes, use the backfill claim rates below and include GST. Make sure the GST is shown on a separate line. | | |
| **Claim rates for early childhood services:** |  | Early Childhood Teacher ($396 per day) ($360 NET + $36 GST = $396)  Diploma or Advanced Diploma Qualified ($320 per day) ($290.91 NET + $29.09 GST = $320)  Certificate III Qualified ($265 per day) ($240.91 NET + $24.09 GST = $265) | | |
| **Claim rates for schools (Government schools only):** |  | School Teacher ($293.30 per day – No GST)  Early Childhood Teacher ($360.00 per day – No GST) | | |
| **Hours claiming:** | ***1 day (there is 7.6 hours in a standard working day)*** | | | |
| **DETAILS OF THE EARLY CHILDHOOD SERVICE / SCHOOL ISSUING THE INVOICE** | | | | |
| **Service / School name:** |  | | | |
| **ABN:** |  | | | |
| **Address:** |  | | | |
| **Suburb:** |  | | **Postcode:** |  |
| **Telephone:** |  | | | |
| **Email:** |  | | | |
| **ACCOUNT DETAILS FOR PAYMENT** | | | | |
| **Account name:** |  | | | |
| **Bank name:** |  | | | |
| **BSB:** |  | | | |
| **Account number:** |  | | | |

**Please email your completed form and Tax Invoice to: earlyables@edumail.vic.gov.au**