Effective Mentoring Program 2025

# Backfill contribution policy

Approved providers 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:

* The participant must hold a current early childhood Victorian Institute of Teaching registration
* A contribution can be paid to an approved provider of a Victorian state-funded kindergarten service only, not an individual. This contribution amount 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
* **Reimbursement claims must be submitted no later than 12 November 2025**
* By submitting a claim form for a backfill contribution payment, approved providers (or their authorised representative) acknowledge that their claim may be subject to an audit and that receipts or tax invoices for anything purchased with this contribution may be requested by the Department of Education.
* Successful claims will be issued funding through the approved provider’s existing service agreement with the Department of Education. Payments can be tracked through the Funded Agency Channel: <http://fac.dhhs.vic.gov.au/>.

#### Rates

|  |  |
| --- | --- |
| Qualification of attendee | **Contribution rate 1 day** |
| **Net (ex-GST)** | **GST** | **Total (inc. GST)** |
| Early childhood teacher | $383.00 | $38.30 | $421.30 |

### Privacy Statement

This Privacy Statement outlines how personal information will be handled as part of the Effective Mentoring Program backfill reimbursement process.

**Personal Information Collected**

As part of this initiative, we will collect the following information from applicants:

* Name of attendee/s
* Date/s of program attended
* Name of service and service SE number
* Provider name and provider PR number
* Name, position, email, and phone of person completing form.

**Purpose and Use of Personal information**

* The purpose of collecting this information is to verify backfill reimbursement claims against attendance records for the Effective Mentoring Program. This verification process ensures accurate and appropriate reimbursement for services in line with the Department of Education Effective Mentoring Backfill Policy.
* Information collected will only be disclosed to relevant department staff responsible for processing and verifying claims. It will not be shared with external parties unless permitted by law.

**Means of Collection and Storage of Personal Information**

* Personal information will be kept securely and managed in accordance with relevant laws, in line with the Privacy and Data Protection Act 2014 (Vic) and the Public Records Act 1974 (Vic).
* In this form, 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.
* The personal information will be collected via this form and will be stored by the department on Share Point and also by Microsoft in accordance with their privacy policy <https://www.microsoft.com/en-gb/privacy/privacystatement>.
* 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. For more information on the department’s handling of personal information, please refer to the department’s Privacy Policy: <https://www.vic.gov.au/department-of-education-privacy-policy>

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# Backfill contribution claim form

Please note that claims cannot be submitted prior to the participant attending the program. Completed forms can be emailed to ec.mentoring@education.vic.gov.auec.mentoring@education.vic.gov.au.

**Please submit the form no later than 12 November 2025**.

|  |  |
| --- | --- |
| 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 |  |
| Number of days claiming backfill |  |
| Approved provider name |  |
| Approved provider approval number (as per [Australian Children’s Education & Care Quality Authority National Register)](https://www.acecqa.gov.au/resources/national-registers) |  |
| Early childhood service name |  |
| Service Approval number (as per [Australian Children’s Education & Care Quality Authority National Register](https://www.acecqa.gov.au/resources/national-registers)) |  |

|  |
| --- |
| Attestation |
| I hereby declare that the early childhood teacher listed above was required to be backfilled from their role on the day/s of the Effective Mentoring Program |[ ]
| I acknowledge that I am authorised to submit this claim |[ ]
| Your name |  | Your position |  |
| Phone number |  | Email address |  |