



School of
Education

Office for Professional Learning

School of Education
University of New England
Armidale NSW Australia
Telephone (02) 6773 3898
Email: oplreports@une.edu.au

**PROFESSIONAL EXPERIENCE PLACEMENTS
ALLOWANCE CLAIM FOR COORDINATORS**

If you wish for your institution to receive the payment or if you are claiming to an overseas account, please contact the Office for Professional Learning for further instructions.

SUPERVISORS PERSONAL DETAILS		
Title:	Surname:	Given Name/s:
Personal Mailing Address:		
Town:	State:	Post Code:
Telephone:	Date of Birth:	Gender:
Email:		
TEACHER EDUCATION STUDENT DETAILS		
Name of Teacher Education Student:		
School/Centre Attended:	Town:	
Placement Dates:		
BANK AND TAXATION DETAILS (PAYMENT BY DIRECT DEBIT ONLY)		
Banking Authority details previously provided and still current <input type="checkbox"/> and my Tax File Number is:		
Name of Bank:		
BSB Number:	Account Number:	Account Name:
Tax File Number Declaration Attached: <input type="checkbox"/> OR Previously supplied to UNE: <input type="checkbox"/>		
ALLOWANCE CLAIMED		
Number of days claimed:	x \$1.85 (per day) = \$	