

INDIGENOUS TUTORIAL ASSISTANCE LEARNING ADVISOR CLAIM FORM



Please note the following:

- » This form is to be completed by Learning Advisors claiming payment for services.
- » A separate form should be completed for each student.
- » **Forms should be completed and submitted every two weeks.**
- » Incomplete forms will be returned.
- » Learning advisors must have this claim signed by the student at the end of each session. If this is not possible (due to distance tutoring), an email from the student should be attached to the claim form. The email should state:
I, _____ (student name), am confirming that _____ (Learning Advisor name) provided me with _____ (number) hours of tutoring for _____ (course name) in the week ending ____/____/____ (date).
- » Claim forms must be lodged no later than one month after the expiry date of the appointment.
- » **Pay claims should be submitted to the, Coordinator Indigenous Tutorial Assistance, for approval and entry into ESSO for payment.**
Please email to: ias@cqu.edu.au

1. PERSONAL DETAILS

Title ☒ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Gender ☐ Male ☐ Female ☐ X

Family name **Bennett**

Given names **Frederick Robert**

Home address **2 / 123 Main Street**

Kangaroo Point State **QLD** Postcode **4169**

Mailing address (if different)

State Postcode

Telephone number Mobile **0490031204**

Email address

2. STUDENT DETAILS

Student number **1 2 1 0 1 7 4 0** Program enrolled **TEP**

Family name **Boneham**

Given names **Jaimee**

Telephone number Mobile **0490031204**

Email address **jaimeecara.boneham@cqumail.com**

3. CLAIMS

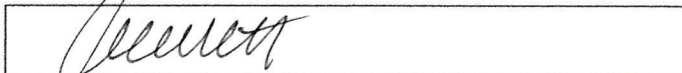
Date of tuition	Duration of tuition		Number of hours	Individual or group	Unit code(s)	Student's signature
	from	to				
21/11/2018	7:00	8:30	1.5	I	MATH40237	
4/12/2018	7:00	8:00	1.0	I	MATH40237	
11/12/2018	7:00	8:00	1.0	I	MATH40237	
20/12/2018	7:00	8:00	1.0	I	MATH40237	
4/1/2019	7:00	8:30	1.5	I	MATH40237	
8/1/2019	7:00	8:00	1.0	I	MATH40237	
15/1/2019	7:00	8:00	1.0	I	MATH40237	
22/1/2019	7:00	8:00	1.0	I	MATH40237	
29/1/2019	7:00	8:00	1.0	I	MATH40237	

continued »

4. DECLARATION

I declare that the information given on this form is complete and correct and that I have provided learning assistance for the above student as indicated.

Claimant's signature



Date

0 9 / 0 2 / 1 9

Please complete and return application form to:

Coordinator

Indigenous Tutorial Assistance

Indigenous Student Support

Level 1, Building 31

CQUniversity Australia

Bruce Highway

North Rockhampton Qld 4701

T | 07 - 4930 9250

E | ias@cqu.edu.au

OFFICE USE ONLY

Claimed hours

Documentation supplied

☐

Yes

☐

No

Approved

☐

Yes

☐

No

Name

Signature

Date