

PRACTICE TEACHING BANKING DETAILS FORM

FOR SUBMITTING FIRST CLAIMS OR CHANGING DETAILS
THIS FORM OVERRIDES ANY PREVIOUS AUTHORITY

TO BE SUBMITTED TO THE SCHOOL'S SITE COORDINATOR ALONG WITH CLAIM FORM AND TFN DECLARATION

| PART A - PERSONAL DETAILS | |
|--|---|
| FAMILY NAME | _____ |
| GIVEN NAME | _____ |
| ADDRESS | _____ |
| | POSTCODE _____ |
| DATE OF BIRTH | _____ QUT EMPLOYEE # (IF KNOWN) _____ |
| PHONE (BUSINESS HOURS) | _____ MALE <input type="checkbox"/> <input type="checkbox"/> FEMALE |
| PART B - BANK DETAILS (THIS INFORMATION IS REQUIRED TO ALLOW DIRECT PAYMENT TO YOUR BANK ACCOUNT AND WILL BE TREATED WITH THE STRICTEST CONFIDENCE BY THE UNIVERSITY) | |
| BANKING INSTITUTION | _____ |
| BRANCH | _____ |
| BSB NUMBER | _____ |
| ACCOUNT NUMBER (NOT CARD NUMBER. MAX 9 DIGITS) | _____ |
| ACCOUNT IN THE NAME OF | _____ |
| PART C - WORKPLACE DETAILS | |
| SCHOOL | _____ |
| SCHOOL PHONE | _____ |
| SUPERVISING TEACHER | YES <input type="checkbox"/> <input type="checkbox"/> NO |
| COORDINATOR | YES <input type="checkbox"/> <input type="checkbox"/> NO |

I CERTIFY THAT THE ABOVE DETAILS ARE CORRECT.

CLAIMANT'S SIGNATURE _____

DATE _____

Return with Claim Form & TFN Declaration to:

Faculty Teaching & Learning Office
QUT - A213, A Block
Victoria Park Road KELVIN GROVE QLD 4059