



CLAIM FOR REIMBURSEMENT AND COURSE REVIEW FORM

This form is to be filled out *after* an **Application Form** has been lodged and approved, and after the training course has been completed.

INFORMATION FOR COMPLETING THIS FORM

- Completed forms must be submitted within **thirty (30) days** of the course finish date to be eligible for the payment of a reimbursement payment.
- A new form is required to be completed for every FarmReady course attended. For example, if you have attended several modules, for which each module is a separate FarmReady Approved Course, you must complete a form for each separate module/ course attended. Multiple course reimbursements cannot be completed using a single form.
- All questions must be answered in order to complete this form.
- The course review form must be answered in order to complete this form.

Course Costs

A reimbursement grant of up to \$1,500 is available per financial year to cover course fees. You can claim reimbursement for more than one course per financial year, but the total reimbursement provided will not exceed \$1,500 in that year. Where eligible costs incurred for a course are greater than \$1,500, you will not be reimbursed for the full cost of attending the course. You must submit proof of payment (receipts).

Associated Reasonable Costs

Associated reasonable costs (childcare, travel, accommodation, meals) can only be claimed in conjunction with a course cost. The amount that will be reimbursed for associated costs will be capped at \$500 per financial year. You must submit proof of payment (receipts) for all items claimed.

Applicants are advised to seek advice from a tax professional in relation to any FarmReady grants received. Applicants who receive a FarmReady Reimbursement Grant which includes a payment for child care, who are also receiving government assistance for child care may need to seek advice on how reimbursement under this clause may affect their entitlements.

LODGING YOUR CLAIM FOR REIMBURSEMENT

Please use the document checklist below. You must submit all documents to complete the application.

- A completed "Claim For Reimbursement And Course Review Form" for a single.
- Proof of payment (receipts) for each cost to be claimed. Photocopies and scanned copies are accepted. Where the cost of the approved course is to be paid by your employer or business, reimbursement for the course cost may be claimed by the employer/business. Receipts must show that payment for the course has been made by the person / business to whom the reimbursement is to be paid.
- A copy of the certificate of course completion given to you at the course by the Training Provider.

Please send your completed form with all receipts to the Program Administrator via email, post or fax:

Email admin@farmready.gov.au
Post The FarmReady Program Administrator
ANU Enterprise Pty Ltd
The Fulton Muir Building (95)
The Australian National University
Canberra ACT 0200
Fax (02) 6103 9098



CLAIM FOR REIMBURSEMENT AND COURSE REVIEW FORM

(COMPLETED CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS OF THE COURSE FINISH DATE –
All questions must be answered in order to complete the application)

SECTION 1: APPLICANT DETAILS *(this is the individual who attended the course)*

| | | |
|---|-------------------|-----------------------------|
| GIVEN NAME | SURNAME | DATE OF BIRTH / / |
| FarmReady Applicant Number: <i>(this was provided in the Pre-Approval notification)</i> | | FRA |
| Telephone: | Facsimile: | |
| Email: | | |

SECTION 2: PAYMENT DETAILS FOR REIMBURSEMENT

(The following bank details are required to make reimbursement payments. Receipts must show that payment for the course has been made by the person to whom the reimbursement is to be paid)

1. COURSE COSTS:

| | | |
|--|-----------|--|
| <input type="checkbox"/> Paid by employer | OR | <input type="checkbox"/> Paid by self |
|--|-----------|--|

Please detail the account to reimburse for the course costs – this must be the account of the person / employer who paid for the course. We will reimburse course costs to one account only.

| | |
|---|--------------|
| BSB Number: <i>(must be 6 digits)</i> | Bank: |
| Account Number: | |
| Account Name: | |

2. ASSOCIATED REASONABLE COSTS:

| | | |
|--|-----------|--|
| <input type="checkbox"/> Paid by employer | OR | <input type="checkbox"/> Paid by self |
|--|-----------|--|

Please detail the account to reimburse the associated reasonable costs. We will reimburse associated reasonable costs to one account only. If the same as Course Costs, write "AS ABOVE"

| | |
|---|--------------|
| BSB Number: <i>(must be 6 digits)</i> | Bank: |
| Account Number: | |
| Account Name: | |

SECTION 3: COURSE DETAILS *(Please provide details of the course you attended)*

| | |
|--|--|
| Course Name: | |
| FarmReady Course Number: | |
| Course Start date: / / | Course Start time: |
| Course Finish date: / / | Course Finish time: |
| Course Location: <i>(nearest town)</i> | Course Location: <i>(postcode)</i> |

REIMBURSEMENT CALCULATION

Please read the following carefully to make sure your claim is submitted correctly and that you claim for eligible expenses only. Your assistance in completing this form accurately will allow a more prompt processing and reimbursement to be made. **ALL receipts** must be attached to this claim form (photocopies and scanned copies are accepted).

COURSE COST

| Item | Amount (\$) | Notes |
|-------------------|--------------------|---|
| Course fee | | Please enter the amount you wish to claim. This may not be the total amount spent. Course fees will be reimbursed up to a maximum of \$1,500 per person per financial year. |

ASSOCIATED REASONABLE COSTS

Associated reasonable costs will be reimbursed up to a maximum of \$500 per person per financial year. Associated reasonable costs can only be claimed in conjunction with a course cost.

| Eligible costs | Amount (\$) | Notes |
|--|--------------------|--|
| Child care | | A maximum of \$50 per child per day (for up to 2 children) and \$25 for each additional child will be reimbursed. An itemised receipt (proof of payment) for child care must be provided, including the name of the carer, number of children, date and hours, rate, and total cost. |
| Transport (Insert amount from Table 1) | | Only economy tickets will be reimbursed for air, bus and train journeys. To calculate costs for car travel, please complete Table 1 below . Distance from home to the training venue must be more than 150km one way for car travel. |
| Accommodation | | To claim for accommodation, you need to attend training that is more than 150 km distance one way from your home. In addition, the training must commence before 9.00 am or cease after 5.00pm, or be a specific live-in course. |
| Meals | | Capped at a total cost of \$100 per day. |

Table 1: Vehicle travel cost calculation

| Engine capacity | | Cents per kilometre | Number of kilometres | Amount (\$) |
|--|---|----------------------------|-----------------------------|--------------------|
| Ordinary car | Rotary engine car | | | |
| 1600cc (1.6 litre) or less | 800cc (0.8 litre) or less | 58 cents | | |
| 1601cc - 2600cc (1.601 litre - 2.6 litre) | 801cc - 1300cc (0.801 litre - 1.3 litre) | 69 cents | | |
| 2601cc (2.601 litre) and over | 1301cc (1.301 litre) and over | 70 cents | | |

OFFICE USE ONLY:

| | | | |
|--------------|-------|-------------------|----------------------|
| Date: | _____ | Claims Officer: | _____ |
| Course Cost: | _____ | Associated Costs: | _____ |
| Comment: | _____ | | _____ |
| | | | Authorised by: _____ |

(All questions must be answered in order to complete the application)

COURSE REVIEW QUESTIONNAIRE

Please assist us by answering the following questions. Your responses play an important role in improving the effectiveness of the FarmReady Program and demonstrating it is meeting its objectives. Constructive criticism is appreciated and will have no impact on the payment of your grant or your future involvement with the FarmReady program.

| | | |
|--|--|---------------------------------|
| 1. Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 2. In which age group are you? | <input type="checkbox"/> 15-19 yrs <input type="checkbox"/> 20-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65 yrs and over | |
| 3. Do you speak a language other than English as your first language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. How did you first find out about FarmReady Reimbursement Grant? (Choose only one) | <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Internet (website) <input type="checkbox"/> State Agency <input type="checkbox"/> Industry <input type="checkbox"/> Training provider <input type="checkbox"/> Consultant <input type="checkbox"/> Friend/Neighbour <input type="checkbox"/> Field day <input type="checkbox"/> Other, please specify: | |
| 6. Did you gain any new skills or knowledge which will help you improve your enterprise? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | |
| 7. In what area(s) did you gain knowledge/skills/information? (You can tick more than one.) | <input type="checkbox"/> Strategic planning <input type="checkbox"/> Improving productivity <input type="checkbox"/> Adapting to climate change <input type="checkbox"/> Networking and contacts <input type="checkbox"/> None of the above <input type="checkbox"/> Other, please specify: | |
| 8. If you did gain new skills/knowledge/information, how will you apply this to your practice? If you did not, why not? | | |
| 9. Overall, how satisfied are you with the way the course was delivered by the training provider? (Please tick the relevant box) | <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied | |
| 10. Please indicate your level of satisfaction with the following aspects of the course: | Course content <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied Trainer's knowledge <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied Quality of teaching <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied Materials <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied Facilities/equipment <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied | |
| 11. Would you recommend this course to other primary producers/indigenous land managers? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure | |
| 12. How satisfied are you with the administration of the FarmReady reimbursement grant by the Program Administrator? | <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied | |

13. Do you have any other comments on the course, the Program Administrator, or the FarmReady Program?

14. Do you intend to undertake further training?

Yes No Not sure

15. If you answered yes to Q14, would you do so through the FarmReady Program?

Yes No Not sure

AUTHORISATION / DECLARATION OF APPLICANT

I acknowledge that:

- The information provided about the participants referred to in this application is held and dealt with in accordance with the Information Privacy Principles under the Privacy Act 1988 and will only be used for the purposes of this application and the administration of the FarmReady program;
- I can gain access to personal information which is held about me, except in certain circumstances specified in legislation;
- Failing to provide some or all of the information required may result in this application not being processed or approved.
- The information given in this application is true and correct.
- I agree to provide such supplementary information as may be requested and authorise the department to obtain any further information from the training provider.
- The amount I am claiming is accurate and will not result in a material gain to me or my employer. In addition, I declare that should I receive any other form of financial assistance to attend this training activity, this will be detailed in my Claim for Reimbursement and that in total with the FarmReady reimbursement, these funds will not exceed the cost of the course.
- I agree to participate in follow up surveys or case studies if requested at the completion of this training activity.

Signature:

(or type name if submitting electronically) _____

Date:

Disclaimer: The Commonwealth of Australia and the Training Provider accept no responsibility for any loss or injury to any person as a result of undertaking the course or their involvement with the Training Provider or them acting or refraining from acting on any outcomes from the course. Applicants should discuss any insurance concerns directly with their chosen Training Provider.