



## TRAINER REMUNERATION FORM

Request for remuneration in connection with delivery of training

Kindly complete and forward this application form to Education Head Office, Room 309/310, Great Siege Road, Floriana VLT 2000  
**Remuneration Form will not be processed unless complete.**

Course Title: \_\_\_\_\_

Venue: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Trainer: \_\_\_\_\_ Tel (Hm/Mob): \_\_\_\_\_ Office: \_\_\_\_\_

Address: \_\_\_\_\_ ID: \_\_\_\_\_ Paylist: \_\_\_\_\_

Employer: \_\_\_\_\_ NI: \_\_\_\_\_ VAT: \_\_\_\_\_

Breakdown of service delivered				
Calendar Date	Time		Hours delivered	Number of Participants
	From	To		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
<b>Total No. of Hours</b>				

### Trainer's declaration

I attest that I have performed:

\_\_\_\_\_ hours within school hours @ €10.71 per hour = \_\_\_\_\_  
 \_\_\_\_\_ hours outside school hours @ €21.42 per hour = \_\_\_\_\_  
 amounting to a total of € \_\_\_\_\_

TRAINER'S REMARKS: (Please include details which may be necessary to **clarify the** request, such as cancellation of sessions, replacement of other trainers, etc.)

IBAN No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Certified Correct by Coordinator

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Signature of Director / Assistant Director

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Stamp

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