

TRAINER REMUNERATION FORM for processing by D-ELH office

Request for remuneration in connection with delivery of training

Kindly complete and forward this application form to Education Head Office, Room 312, Great Siege Road, Floriana VLT 2000
Remuneration Form will not be processed unless complete.

Course Title: Spiritual Exercises

Venue: _____ Month: _____ Year: _____

Trainer: _____ Tel (Hm/Mob): _____ Office: Religious Counsellor

Address and Post Code: _____ ID: _____ Paylist: N/A

Email address of trainer: _____ NI: _____ VAT: (if applicable)

Employer: Archdiocese of Malta

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				
Total No. of Hours				

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: Rev. Fr Reuben Gauci

Signature: _____ Date: _____

Signature of Director / Assistant Director

Name: Dr Alice Micallef

Signature: _____ Date: _____

Office Stamp