



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: _____ Playlist: _____

Employer: _____ NI: _____ VAT: _____

Breakdown of service delivered

Calend ar 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: _____

Signature: _____ Date: _____

Signature of Director / Assistant Director

Name: _____

Signature: _____ Date: _____

Office Stamp