

Paid Participation claim form - instructions

Background

The meaningful inclusion of people with lived experience underpins all that we do. Paid participation is one practical way we can demonstrate that we value the hard-won knowledge, insights, experiences, and connections you bring to the Collaboratives and/or Networks. It helps us acknowledge the energy, passion, commitment, and time you contribute.


COORDINARE operates on a fortnightly accounts payable process. This means paid participation claims are processed fortnightly (on Wednesdays) with payments taking up to 12 business days from when a paid participation claim form is submitted to when funds appear in bank accounts. We ask those claiming paid participation to be mindful of the processing time and appreciate patience when awaiting payment. Please refer to the table to the right when entering your hours in the **activity claim** section of the online form.

Participation time	Claimed time	Payment
1 hour and 15 minutes <i>or less</i>	1 hour	\$ 91.05
1 hour 16 minutes to 1hr 45 min	1.5 hours	\$ 136.60
1 hour 46 minutes to 2 hrs 15 mins	2 hours	\$ 182.10
2 hours 16 minutes to 2hr 45 min	2.5 hours	\$ 227.65
2 hours 46 minutes to 3 hrs 15 mins	3 hours	\$ 273.15
3 hours 16 minutes to 3hr 45 min	3.5 hours	\$ 318.75
3 hours 46 minutes to 4 hrs 15 mins	4 hours	\$ 364.20
4 hours 16 minutes to 4hr 45 min	4.5 hours	\$ 409.75
4 hr 46 minutes <i>and above</i>	FULL DAY RATE (5+ hours)	\$ 455.25

Claim form

Access the paid participation form here <https://www.coordinare.org.au/paid-participation-form>. The COORDINARE suicide prevention team will add the claim form link to meeting invitations for ease of claiming. Additional out-of-pocket expenses such as meals, taxis, parking, or kilometers must be pre-approved by a member of the COORDINARE suicide prevention team via email - suicideprevention@coordinare.org.au in each instance, prior to attendance at the activity, and before making a paid participation claim. You will need to submit a claim form for **each activity day**, and we ask you complete and submit a claim form within 21 days of the activity. Please note, the form **will not** work in Internet Explorer.

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<p>* Indicates required fields</p> <p>Enter your details Note: Please fill out one form for each day of activity. If you participated in activities on different days, you will need to fill out a form for each of those days.</p> <p>Select Suicide Prevention Collaborative / Network here</p> <p>Select Meeting / Advisory / Working Group here</p> <p>Please write the name of the activity you participated in (e.g. Whole of Collaborative meeting). If you participated in more than one activity on the same day, write this here (e.g. Hub meeting and Executive meeting)</p> <p>All paid participation activity will be approved by Jo Riley – please write Jo Riley in this box</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <h3>Participant Details</h3> <p><input type="checkbox"/> I am an individual, this supply is of a private nature and no ABN needs to be supplied. *</p> <p>Full name *</p> <input type="text"/> <p>Email address *</p> <input type="text"/> <p>Activity date *</p> <input type="text" value="dd/mm/yyyy"/>  <p>Who was the activity for? *</p> <input type="text" value="COORDINARE"/> <p>Type of activity *</p> <input type="text"/> <p>Activity description *</p> <input style="height: 60px;" type="text"/> <p>COORDINARE / Suicide Prevention Collaborative contact name *</p> <input type="text"/> </div>
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<p>Enter any out-of-pocket expenses here. Expenses need to be pre-approved which means you will have had a conversation with a COORDINARE suicide prevention team member about what can be claimed here</p>	<div> <p>Expenses</p> <p>Out-of-pocket expenses</p> <div> <p>\$ Hit enter after entering amount to upload receipts - .jpg, .png or .pdf ONLY</p> <p>E.g. meals, taxis and parking. This will be reimbursed on top of the activity fee.</p> </div> <p>Use of personal motor vehicle</p> <p><input type="checkbox"/> Please enter kilometres travelled</p> </div>
<p>This field will update automatically</p> <p>Click to confirm and consent</p> <p>Click the anti spam filter</p> <p>Click submit - the form will be sent to the finance team who will seek approval from Jo Riley for approval and payment. A copy of the form will be sent to your email address.</p>	<div> <p>Total Paid Participation to be Paid Upon Approval</p> <div> <p>\$136.57</p> <p>This is the sum of Meeting Fee, Non-Meeting Day Fee, Out-of-Pocket Expenses, and Travel Costs.</p> </div> <p><input type="checkbox"/> I confirm that information in this form is correct and consent for my information to be shared with COORDINARE to process my payment. *</p> <div> <p><input type="checkbox"/> I'm not a robot</p> <p>reCAPTCHA Privacy - Terms</p> </div> <p>SUBMIT</p> </div>