

Information Session

Federation of Foster Families of Nova Scotia

Guest Speaker Expenses Sheet

Date(s) of Workshop: _____ **Location:** _____

Guest's Name: _____ **Phone Number:** _____

Mailing Address: _____ **City:** _____

Postal Code: _____

Name of Recruitment/Pre-Assessment Social Worker(s): _____

Date (List each day separately)	Kilometres Travelled	Total Travel Cost (.5932¢ x km travelled)	Honorarium (\$75)	Child Care (bring forward from back of form)	Total
Totals:					

Guest's Signature: _____

Signature of Trainer: _____

Date Submitted: _____

Please complete and give to the Regional Recruitment Pre-Assessment Social Worker who will sign and forward to:

Training Department
c/o Federation of Foster Families of Nova Scotia
99 Wyse Road, Suite 350
Dartmouth, NS B3A 4S5

Babysitting Claim

Number of Child(ren)-in-Care: _____

Number of Biological/Adoptive Child(ren): _____

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	\$10.60/hour 1 st child. \$4.00/hour additional children/youth/adult

Your Signature: _____

Children, youth and or dependent adults who cannot be left unattended:

- \$10.60 per hour for the first child.
- \$4 per hour for each additional child.
- There shall be a limit of 2 full days (48 hours max).