

Federation of Foster Families of Nova Scotia NCI (Nonviolent Crisis Intervention) Training Program Trainer Expense Claim 2025-2026

Date(s) of Workshops:			Type of Workshop (Circle): BASIC/Refresher/Blended							
Locatio	n:									
Your Na	ame:									
Email A	Address:									
Your ex								e portion on t		
Date & Module (List each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5932¢ x km travelled)	Breakfast \$10.00	Lunch \$17.00	Dinner \$25.00	Child Care (bring forward from back of form)	Prep Allowance: BASIC \$100 Refresher \$75.00 Blended \$50.00	Honorarium (\$75 per 3 hr session) Blended (\$100 per session)	Misc. (must explain below & attach receipts)	Total
Totals:										
Note: Plea	se complete	one expense	claim for ea	ch complete	ed training)					
Explanatio	on of miscell	aneous items	ı:							
Signature (of Trainer: _									
Date subm	itted:									
Please sub	c/o F	ning Depart Tederation of Tyse Road, S 4S5	Foster Fam							



Babysitting Claim

		dren in care (needin h or dependant ad	g care today)	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). 								
		Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours (Max 48 hours)	Rate \$10.60/hour 1st child. \$4.00/hour additional children/youth	Total (Number of hours x Rate)	
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Trainer Signature:		

Number of biological children/adults (needing care today)_