



**Federation of Foster Families of Nova Scotia
Sensitivity Training Program
Trainer Expense Claim 2025-2026**

Date of Workshop: _____ **Type of Workshop:** Sensitivity

Location: _____

Your Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Email Address: _____

Your expenses: *** Please complete child care portion on the reverse of this form.**

Date (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: (Max \$75)	Honorarium (\$75 per 3 hr session)	Misc. (must explain below & attach receipts)	Total
Totals:										

(Note: Please complete *one Expense Claim* for each completed training)

Explanation of miscellaneous items: _____

Signature of Trainer: _____

Date submitted: _____

Please submit to: Training Department
c/o Federation of Foster Families of Nova Scotia
99 Wyse Road, Suite 350



Babysitting Claim

Number of biological children/adults (**needing care today**) _____

Number of children in care (**needing care today**) _____

Children, youth or dependant 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).

	Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours (Max 48 hours)	Rate \$10.60/hour 1 st child. \$4.00/hour additional children/youth	Total (Number of hours x Rate)

Trainer Signature: _____