



**Federation of Foster Families of Nova Scotia**  
**Sensitivity Training Program**  
**Participant Expense Claim 2026-2027**

**Date(s) of Workshop:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Workshop:** \_ Sensitivity Training \_\_\_\_\_

**Names of Trainers:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Your Expenses:**

**\*Please complete child care portion on the reverse of this form.**

<b>Date (list each day separately)</b>	<b>Kilometres Travelled</b>	<b>Total Travel Cost (multiply .5890¢ x km travelled)</b>	<b>Child Care (bring forward from back of form)</b>	<b>Lunch (\$17.00)</b>	<b>Miscellaneous (must explain below &amp; attach receipts)</b>	<b>Total</b>
<b>Totals:</b>						

**Explanation of miscellaneous items:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

**Signature of Trainer:** \_\_\_\_\_

**Date submitted:** \_\_\_\_\_

**Please submit 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 biological/adoptive 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 <sup>st</sup> child. \$4.00/hour additional children/youth	Total (Number of hours x Rate)

**Participant Signature:** \_\_\_\_\_