



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

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 .5890¢ 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
<b>Totals:</b>										

(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  
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).

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

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