# Honorarium Information

***(Appendix F)***

Please select the appropriate payment section and complete accordingly (select both for full placement).

£ Fall Term (Year) £ Winter Term (Year)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student:** |  | | **Supervisor:** |  |
| **Practicum Site:** | |  | | |

Upon satisfactory completion of the practicum and submission of final grades by the due date, a $500.00 CAD honorarium will be paid. Instances of co-supervision will result in the honorarium being pro-rated. If the Supervisor or Agency terminates the practicum, no honorarium payment will be made. If the student withdraws from the practicum, upon documentation from the Supervisor/Agency of any supervision/preparation that took place, a pro-rated honorarium will be paid. If the student withdraws from the practicum prior to any supervision/preparation no honorarium will be paid.

£ **NO HONORARIUM REQUIRED *(No other information required)***

£ **SUPERVISOR** *(Deductions will be made according to Canada Revenue Agency)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | First Name: | | | Phone: | E-mail: | | |
| Permanent Address: | | | | | | | |
| *Street* | | | | | | | |
|  | | | | | | | |
| *City Province Postal Code* | | | | | | | |
| Date of Birth: (dd/mm/yy) | | Social Insurance #: | Gender:  £ Male  £ Female | | | Canadian Citizen  £ Yes  £ No | Landed Immigrant  £ Yes  £ No |

£ **INCORPORATED FIRM / AGENCY / OTHER (e.g., CHARITY)**

|  |  |
| --- | --- |
| Payee Name: | |
| Payee Mailing Address for cheque: | |
| *Street* | |
|  | |
| *City Province Postal Code* | |
| £ GST/Revenue Canada Business Number: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tax Exempt  Status  £ Yes  £ No |
| If no GST number established:  £ Corporate Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  £ Society Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  £ Charity Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| If you have any questions please contact:  Email: [edu.masters@uleth.ca](mailto:edu.masters@uleth.ca) Phone: 403-329-2425 Toll Free: 1-800-666-3503 |