

The Anglican Diocese of Newcastle
Professional Supervision Programme
for Clergy and Parish Workers



REIMBURSEMENT FORM 1B: PARISH ASSISTANCE

Bank Account Name for reimbursements:	
Bank Account Number:	
BSB Number:	
Name of supervisee:	
Name of supervisor:	

The parish requests reimbursement for fees paid in relation to professional clergy supervision. A copy of the relevant invoice is attached.

Amount to be reimbursed:	
Signature:	
Date:	

**Please return this form to:
Archdeacon for Ministry Support
The Anglican Diocese of Newcastle P.O. Box 817 Newcastle NSW 2300**

Please note:

The Diocese of Newcastle will reimburse 50% of the cost of each 1 hour session of supervision provided by a supervisor approved by the Diocese.

It is essential that a copy of the invoice from your supervisor is attached to this form. Payment will not be made unless this documentation is supplied.

Diocesan Office Use Only:

Amount Approve from Supervision Fund:	Chq/Ref:
Approved:	Operator:
Date:	Date: