

VET CLINIC INCENTIVE

CLAIM FORM

|  |  |
| --- | --- |
| Clinic Name |  |
| Clinic Address |  |
| Clinic Phone Number |  |
| Clinic Email Address |  |
| Vet Director Name |  |
| Student Name |  |
| Student Start Date |  |
| Student Clinic Hours In Full |  |
| Student Course Name |  |

I agree to employ TISOVN student for the duration of their course. I agree to train the TISOVN student on all aspects of veterinary nursing including all aspects that are covered in the student’s course. I agree to have my clinic logo as well as my clinic name advertised on TISOVN website as a clinic of employment for work experience.

I wish to receive my incentive in (complete appropriate box)

|  |  |
| --- | --- |
| Cash |  |
| Bank |  |
| Account name |  |
| BSB |  |
| Account number |  |
| Total amount |  |

*I understand that payment will be received 30 days from receipt.*

|  |  |
| --- | --- |
| Gift cards |  |
| Whole amount on one card |  |
| Whole amount divided by |  |
| Total amount |  |

*I understand that payment will be received 30 days from receipt.*

|  |  |
| --- | --- |
| Clinic Name |  |
| Vet Director Name |  |
| Vet Director Signature |  |
| Date |  |