**TRAVEL SUPPORT INFORMATION and APPLICATION**

Using this application form, students can apply for the MScOT Clinical Education Travel Support funding.

This supplemental and discretionary funding aims to support students where additional travel costs are required for Fieldwork. This allowance is to assist students with **ADDITIONAL** travel expenses related to fieldwork placements. Transportation costs (both dual, e.g., GO train and TTC and direct, including if you choose to use a car) for commuting are expected costs, and students are encouraged to budget accordingly.

**Travel Support Important Information:**

[ ] These funds apply to fieldwork courses only, Fieldwork 1, 2, 3, and 4 (OCT1183Y, OCT1281Y, OCT1282Y, OCT1283Y).

[ ] The Department cannot guarantee funding.

[ ] Students can apply for

* + a **maximum of $300 for Fieldwork 1** (OCT1183Y)
	+ a **maximum of $500 for Fieldwork 2** (OCT1281Y)
	+ a **maximum of $400 for Fieldwork 3** (OCT1282Y) and
	+ a **maximum of $500 for Fieldwork 4** (OCT1283Y) **application**.

[ ] If a student is sharing travel with another student, please indicate this on your application form. The allowance will be allocated accordingly. Failure to do so will result in no distribution of funds.

[ ] Students must take care to make reasonable cost-effective transportation arrangements.

[ ] Students will be required to attach official receipts to be eligible for the allowance (i.e., parking receipts; at least one gas receipt).

[ ] Parking and travel costs will only be supported when it relates to client visits.

[ ] Students cannot apply for expenses that have been covered by other grants or programs (e.g., NOSM, Professional Master’s Bursary, compensation from the fieldwork site).

[ ] Gas support will be provided with the following calculations: distance in km for the duration of the placement divided by efficient car gas consumption rate (pre-determined as 10 km/litre) multiplied by the average price of gas (from publicly available gas price websites). Funding will be provided at the rate of regular unleaded gas. **Premium gas will not be reimbursed**.

This application form must be **submitted by the first Monday following completion of the clinical placement**.

Prior to submission, please ensure that you have included **all** applicable parts of the application, as follows:

[ ] Mileage tracking form (as per sample on Quercus) with daily, weekly, and placement duration totals

[ ] Copy of Google maps, **with exact address redacted** to protect client confidentiality (the distance on the maps need to match the recorded distance on the tracking form/ spreadsheets)

[ ] Parking receipts (as applicable)

[ ] Public transportation (for client visits in the community) costs with corresponding Presto card record or receipts (as applicable)

[ ] Completed application form.

Please submit the completed forms, with receipts, to ot.fieldworkadmin@utoronto.ca

**MScOT Clinical Education Travel Support Application Form**

All applications are reviewed by the MScOT Travel Support Committee and the Director of Clinical Education

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| ***For office use only:*** |
| **Amount Requested:**  |  | **Amount approved:**  |  | **Reason for difference** (if applicable): |  |
| **First name:** | Click or tap here to enter text. | **Last name:** | Click or tap here to enter text. | **Student #** | Click or tap here to enter text. |
| **PLACEMENT INFORMATION:** |
| **Placement Dates:** | Click or tap here to enter text. |
| **Course:** | Click or tap here to enter text. |
| **Placement Organization:** | Click or tap here to enter text. |
| **Designation of Placement:**  | [ ]  Car required [ ] Travel required [ ]  Other (e.g., parking): Click here to enter text. |
| **STUDENT INFORMATION:** |
| **Permanent Address:** | Click or tap here to enter text. |
| **Address while at UT:** | Click or tap here to enter text. |
| **Address while on Placement,** if different from above**:** | Click or tap here to enter text. |
| Did you share travel with another MScOT student during this placement?  | [ ] No, I am claiming the full amount[ ] Yes, and I paid all the expenses(Provide name of other student): Click or tap here to enter text. [ ] Yes, and I am claiming part of the amount Other student(s)’ name(s): Click or tap here to enter text.Amount other student is claiming: Click or tap here to enter text. |

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| **EXPENSE DETAILS****Please ensure that you have read pages 1-2 information sheets for eligibility** |
| **Parking Costs: Proof must be provided** (Please attach parking receipts with dates visible) |
| Amount of financial support requested for client-related parking requested (i.e., paid parking during client visits).  | $ Click or tap here to enter text. |
| Receipt(s) must be provided: | [ ]  Yes, attached Count (#) of parking receipts: Click or tap here to enter text. |
| **Request for gas support: Proof must be provided** (Please attach Google directions/maps and mileage tracking spreadsheet of driving distances, see attached sample) |
| 1. **Total** kms for commute to first client and between clients (do not include commute home):
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (from attached mileage tracking spreadsheet) |
| 1. Divided by 10 km / litre
 | / 10 = \_\_\_\_\_\_\_\_\_\_\_\_\_ litres |
|  3. Multiplied by $1.60/litre (average price of regular unleaded gas) | \* $\_\_\_\_\_\_\_\_\_\_ |
|  4. Result  | = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Example: In FW2, total kms was 992, divided by 10 (= 99.2), multiplied by gas price (x1.60) = $158.72 funding. |
| **Public Transportation Costs to visit clients during day via public transit: Proof must be provided** (Please attach transportation receipts or Presto record) |
| Please specify the transit system used (e.g., TTC, MiWay, etc.) | **System**: Click or tap here to enter text. |
| Itemized receipt(s)/Redacted credit card statement/Presto record provided:  | [ ]  Yes[ ] Type and number of transportation receipts Click or tap here to enter text. |

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| **Totals from previous sections:** |
| **Total Funding Support requested for this placement** (please include total cost to student even if above maximum allowed) | $Click or tap here to enter text. |
| Please indicate the amount of previous A&T Supplement you have received for previous fieldwork | $Click or tap here to enter text. |

**DECLARATION**

I certify that to the best of my knowledge the above information is true and correct. I understand that if any information is found to be untrue, this application may be cancelled, and any money received as a result of it will have to be returned.

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| Date: | Click or tap to enter a date. |
| Signature of Student: | Click or tap here to enter text. |

Please indicate:

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| [ ] I will pick up the cheque at 500 University Avenue 9th Floor, Fieldwork Administrator, during regular business hours (a signature will be required) | [ ] Please mail the cheque to this address:Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |