

Placement and condition details Non UCQ

FORM 9-058

Send to Secretary of	Placements		
Title			
Surname			
Christian name(s)			
Partners name (optional)			
Current address			Postcode
Home Phone			
Mobile			
Work (if available)			
Email			
Date Ordained/Recognise	d/Received		
New address			Postcode
Home Phone			
Mobile			
Work (if available)			
Placement (Congregation	/Agency/Church hody)		
Placement Title	, rigericy, charen body,		
Existing Student	Priority Placement		
Placements/Presbytery to	o complete		
Is the Synod required to a	rrange a removal as per 2.7.4 (K) of tl	he Uniting Church in Australia Cons	titution and Regulations?
Yes No			
Specified Ministry			
Presbytery/Appointing Bo	ody		

Terms and Conditions

1. Proposed commencement date of placement

Where the placement relates to a Pastor, list the relevant **General Competencies** for and within the ministry context:

2. Placement percentage

Full time or Part-time

0/-

3. Stipend

Identify if a stipend margin will apply as a percentage of the stipend.

0%

10%

20%

30%

4. Housing

Select the housing option for this placement:

- A. A manse will be provided
- B. Housing allowance
- C. Placement to rent or buy suitable housing for the minister

Address will be:

Where identified, the following additional conditions will apply in respect of housing.

5. Travelling allowance

Check which is appropriate

Rate number	Kilometers travelled	Allowance per month	Annual allowance
1	Up to 10,000	\$1,007	\$12,084
2	10,000 to 12,500	\$1,080	\$12,960
3	12,500 to 15,000	\$1,148	\$13,776
4	15,000 to 17,500	\$1,225	\$14,700
5	17,500 to 20,000	\$1,305	\$15,660
6	In excess of 20,000	+27 cents / km	+27 cents / km

Where identified, the following additional conditions will apply in respect of travel.
6. Zone allowance and other remote area allowances (if applicable)
Zone Allowance and Remote holiday allowance applies to this placement Yes No
7. Other conditions
Where identified the following additional conditions will apply to this placement.
8. Placement Approvals
Executive Office Synod Synod Chaplaincy (Appointing Body) Signature
Date
Name
Email
Phone
Secretary Placements Committee Signature
Date
Name
Email
Phone

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED.