|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) of Hearing:** |  | **Name of the Worker the hearing is about:**  |  |
| **Your Name:**  |  |
| **Home Address:**  |  |
| **Phone number:** |  | **Email Address:** |  |
| **(Please tick one)** Worker x / Representative 🞏 /Worker’s Supporter 🞏 / Witness for the Worker 🞏 / Witness for SSSC 🞏 / Witnesses Supporter 🞏 |
| **(Please tick one)** Did the SSSC offering to pay your expenses encourage you to attend the hearing? Yes 🞏 / No 🞏 |

**PLEASE NOTE**: ⚫ **You *must* provide receipts (except for petrol costs) or else we will not be able to process your claim.**

 ⚫ The SSSC cannot reimburse loss of earning incurred while attending a hearing.

 ⚫ This form should be submitted to the SSSC as soon as possible after the date of the hearing so that the form can be processed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Travel expenses** | **Date** | **From (please include postcode)** | **To (please include postcode)** | **If car enter miles travelled, otherwise just list type of travel (eg train, taxi, bus)** | **Amount claimed** |
|  |  | Compass House, DD1 4NY |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subsistence/****other expenses** | **Date** | **Details** (eg car parking, lunch) | **Amount claimed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Your signature:**  | **Total travel:** |  |
| **Total subsistence/other:** |  |
| **Date:**  | **Total Claimed:** |  |

**NOTES FOR COMPLETION OF CLAIM FORMS**

* Receipts are required for all purchases.
* **Incomplete forms:** Please note that the SSSC are unable to adjust/add any information to the form. Therefore, **any errors/omissions will result in the form being returned for revision by the claimant**, as per SSSC audit regulations.
* The table below provides further information to help you submit your claim:

|  |  |  |
| --- | --- | --- |
|  |  | Per mile |
| **Mileage claims:** | Cars | 45p |
| Motorcycles | 25p |
| Bicycles | 20p |
| Car passenger supplement (can only be claimed if you gave someone a lift to a hearing, and as such must be claimed by the driver of the car) | 5p |
|  |  |  |
| **Subsistence rates for purchase of food:** | **Breakfast** - Minimum 4 hours absence: must include the period 7.00am – 9.00am | £5.28 |
| **Lunch** - Minimum 4 hours absence: must include the period 12 midday – 2.00pm | £10.00 |
| **Dinner** - Minimum 4 hours absence: must include the period 6.00pm – 8.00pm | £20.00 |
| **Lunch and dinner -** Minimum 10 hours absence: must cover the period 6.00pm – 8.00pm | £30.00 |

You can scan and send your form to HearingsAdmin@sssc.uk.com. Please remember to also scan or take a photo of your receipts and attach them to the email.

Alternatively you can return your form and receipts by post to:

Hearings, Scottish Social Services Council, Compass House, 11 Riverside Drive, Dundee, DD1 4NY

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Verified: | Designation: | Date: |
| Authorised: | Designation: | Date: |