

## Tasmanian Apprentice and Trainee Travel and Accommodation Contribution Claim Form

Submit form to:

[travelclaims@skills.tas.gov.au](mailto:travelclaims@skills.tas.gov.au)

Phone: (03) 6165 6055

For more information see the Skills Tasmania website:

[Travel and Accommodation Contribution](#)

TCRN:

Training Contract Registration Number

CN:

Office Use Only

**Travel claims submitted by 12pm Tuesday will be paid by the end of that week.  
Claims submitted after 12pm Tuesday will be paid the following week.**

### APPRENTICE / TRAINEE PERSONAL DETAILS

Full Name  DOB

Home Address  Street  Suburb  Post code

NOTE: This is the address as shown on your Driver's Licence or Personal information card.  
If your address has changed, you must provide evidence to [travelclaims@skills.tas.gov.au](mailto:travelclaims@skills.tas.gov.au) or the claim will be paid from the address Skills Tasmania has on file.

Mobile Number  Your employer

Your email

### TRAINING DETAILS

Qualification

Name of Training Organisation  Campus Location (Suburb/Town)

Enter the dates that you are currently attending training DD/MM  
(E.g. 25/6, 26/6, 27/6, 30/6, 1/7)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

▶ Travel and accommodation contributions must be claimed within **4 weeks** from the last day of training.

### BANK DETAILS (if required)

▶ Please leave blank unless this is your first travel claim or your bank details have changed.

Name of Bank:

BSB  -  Account Number

### Apprentice / Trainee Declaration:

I declare all information on this form to be true and correct. I understand that I am only entitled to receive contributions for days that I attend off the job training/assessment\* with the registered training organisation. In the event I receive any contributions whilst I am not under a training contract or have not attended the registered training organisation, I agree to immediately repay any such payment/overpayment by refunding the additional amount to Skills Tasmania. \*Exceptions may apply.

Apprentice/Trainee Signature: ..... Date: .....

### Registered Training Organisation Declaration:

I have checked the details being claimed above and declare the information on this form represents the training activity being undertaken by this Apprentice / Trainee.

Teacher Signature: ..... Date: .....

Teacher Name: ..... Phone: .....