Tasmanian Apprentice and Trainee Travel and Accommodation Contribution Claim Form

Tasmanian Government

Submit form to:
travelclaims@skills.tas.gov.au
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 must be the address where you usually reside (not a postal or temporary address). Your residential address must be supported by your Driver's Licence, Personal Information Card or other accepted evidence.

If your address has changed, you must provide evidence to 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 each date that you are currently attending training **DD/MM** (E.g. 25/6, 26/6, 27/6, 30/6, 1/7)

- 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: .....