

**Travel and Accommodation Allowance Claim Form**  
Available for Apprentices / Trainees with a registered training contract in Tasmania.

**Submit form to:**

[travelclaims@skills.tas.gov.au](mailto:travelclaims@skills.tas.gov.au) **Phone:** (03) 6165 6055

TCRN:

or Skills Tasmania, GPO Box 536 HOBART TAS 7001

For more information see the Skills Tasmania website:

<https://www.skills.tas.gov.au/apprenticeshipstraineeships/incentives/allowances>

CN:

^ Training Contract Registration Number ^

**APPRENTICE / TRAINEE PERSONAL DETAILS**

Full Name				Date of birth:			
Street				Suburb			
Home Address							
Mobile Number				Your employer:			
Your email address							

**TRAINING DETAILS**

Qualification			
Name of Training Organisation		Training Organisation Location (Suburb/Town)	

Enter the dates that you have/or will attend training DD/MM  
(E.g. 25/6, 26/6, 27/6, 30/6, 1/7)

25/6									

► **Does your employer pay for your fuel when you go training?** YES ☐ NO ☐

Travel and accommodation allowances **must be claimed within 4 weeks of the training dates**

**ACCOMMODATION DETAILS**

Did you stay away from your residential (home) address while attending training? YES ☐ NO ☐

If you answered NO – Please leave this section blank

If you answered YES – Please fill out below section.

Does your employer pay for your accommodation expenses? YES ☐ NO ☐

Name and Address of the place you stayed while training	
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**BANK DETAILS (only required if NEW)**

Name of Bank:	
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► **Only provide your bank details if this is your first claim, or if your bank details have changed.**

**If your bank details have not changed since your last travel claim, please leave this section blank.**

BSB				-				Account Number											
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**Apprentice / Trainee Declaration:** I declare all information on this form to be true and correct. I understand that I am only entitled to receive allowances for days that I actually attend\* the registered training organisation. In the event I receive any allowances 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 of allowances by refunding the additional amount to Skills Tasmania. \*Exceptions may apply. **\*APPRENTICE/TRAINEE MUST SIGN AND DATE\***

Signed: .....

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 MUST COMPLETE THIS SECTION AND SIGN\***

Signed: .....

Date: .....

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