**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) | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 🞂 | 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: |  |