**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 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: |  |