

**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  
or Skills Tasmania, GPO Box 536 HOBART TAS 7001

For more information see the Skills Tasmania website:  
[Travel and Accommodation Allowance](#)

TCRN:

\* Training Contract Registration Number \*

CN:

**APPRENTICE / TRAINEE PERSONAL DETAILS**

Full Name	<input type="text"/>	Date of birth:	<input type="text"/>
Home Address	Street <input type="text"/>	Suburb <input type="text"/>	Post code <input type="text"/>
Mobile Number	<input type="text"/>	Your employer:	<input type="text"/>
Your email address	<input type="text"/>		

**TRAINING DETAILS**

Qualification	<input type="text"/>		
Name of Training Organisation	<input type="text"/>	Training Organisation Location (Suburb/Town)	<input type="text"/>

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

**ACCOMMODATION DETAILS (To be completed only if you are staying away from home)**

Address where you are staying while training	<input type="text"/>
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**BANK DETAILS (only required if NEW)**

Name of Bank:	<input type="text"/>
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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	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account Number	<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"/>
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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: \_\_\_\_\_