

## Tasmanian Apprentice and Trainee Travel and Accommodation Contribution Claim Form

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 Contribution](#)

TCRN:

^ Training Contract Registration Number ^

CN:

^ Office Use Only ^

**Travel Claims lodged before Wednesday will be paid into your bank account by the end of that same week**

### APPRENTICE / TRAINEE PERSONAL DETAILS

Full Name  DOB

Street Suburb Post code  
Home Address

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 have on file.

Mobile Number  Your employer

Your email

### TRAINING DETAILS

Qualification

Name of Training Organisation  Training Organisation 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)

<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

### 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 allowances 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: .....