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| --- |
| **APPRENTICE / TRAINEE PERSONAL DETAILS** |
| Full Name |  | Date of birth: |  |
| Home Address | Street | Suburb | Post code |
|  |  |  |
| Mobile Number |  | Your employer: |  |
| Your email address |  |

|  |  |  |
| --- | --- | --- |
| **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) |  |   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 🞂 | Travel and accommodation allowances **must be claimed within 4 weeks of the training dates** |

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| **ACCOMMODATION DETAILS (To be completed only if you are staying away from home)** |
| Address where you are staying while training |  |

|  |  |
| --- | --- |
| **BANK DETAILS (only required if NEW)** **Name of Bank:** |  |
| 🞂 |  **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: |  |