

Travel and Accommodation Claim Form (FIN-CL001-02)

This form comes from the following procedure:

Travel and Accommodation Claim Procedure

Please Note: Financial assistance is available to Northern Territory registered apprentices and trainees to help subsidise the cost of travelling to and from their off-the-job training and to assist those who are required to live away from home during this period.

You MUST attach your call-up notice to this claim. Claims should be forwarded to Australian Apprenticeships NT SIX WEEKS BEFORE travel is to occur. A separate claim form should be submitted for each block of training.

Subsidies: Policy available at <http://www.nt.gov.au/trainingpolicies>

SECTION ONE – ALL APPRENTICES TO COMPLETE (INCLUDING BANKING INFORMATION)

Apprentice/Trainee File/Reference Number:			
Apprentice/Trainee Name:		Date of Birth	
Home Address:		Town/Suburb:	Postcode:
Postal Address: If different to above		Town/Suburb:	Postcode:
Contact Phone Number			
Current Employer:			
Name of RTO and Location/campus of training:			
Dates of training:	From:	To:	
Driving own vehicle (Please circle)	Yes	No	

BANK DETAILS

Payments will be made directly into your nominated bank account:

Account Name		Account Number	
Bank		BSB Number	
Branch			

SECTION TWO – FOR SECOND AND SUBSEQUENT CLAIMANTS – DECLARATION OF ACQUITTAL

For Australian Apprentices who have undertaken previous travel blocks prior to the above claim this declaration must be completed in its entirety to allow payment of your new claim to go ahead. Please check dates as entered and amend if necessary prior to signing declaration and initial any changes made.

I certify the information provided on this form is true and correct. I declare that I attended trade school from __/__/__ to __/__/__ and sign this declaration as evidence of receipt of grant paid and attendance.	
I make this declaration by virtue of the Oaths Act and conscientiously believe the statements contained to be true in every particular.	
Signature of Claimant:	Date:
Signature of Witness Name of Witness	Date: