# Form DOETA2 — Application for payment for tutorial assistance for students with additional needs

### *For state school-based apprentices and trainees*

This form is completed by the school. The completed form should be scanned and emailed to VETinSchools@qed.qld.gov.au.

**Privacy Statement:** *The Department of Education (DoE) is collecting the information on this form in accordance with the* [*Information Privacy Act 2009* (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014) *and section 426 of the* [*Education (General Provisions) Act 2006* (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-039) *in order to arrange payment for tutorial assistance for state school-based apprentices or trainees. The information will only be used by authorised employees within the DoE/school/SRTO/employer. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.*

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| **Section 1: School details** |  |
| School name:        |
| School address:       | Postcode:       |
| Principal or Nominated officer name:       |
| School telephone:        |
| School email:       |
| **Section 2: Student details** |  |
| Surname:       |  First name:       | Training contract registration number:       |
| Traineeship/Apprenticeship type:       |
| **Section 3: Supervising Registered Training Organisation (SRTO) details** |
| SRTO name:       |
| SRTO address:       | Postcode:       |
| SRTO contact name:       |
| SRTO telephone:       | SRTO email:       |
| **Section 4: Details of tutorial assistance provided *(This must match assistance outlined on Form DOETA1.)*** |
| **Date****(dd/mm/yyyy)** | **Unit of competency** | **Description of:*** **assistance provided**
* **assistance provider**
 | **Hours claimed (max. applies)** | **(Office use only)****Cost per hour ($)** | **(Office use only)****Total cost ($)** |
|      /     /      |       |       |       |  |  |
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|  | Total hours |  |  |  |
| NB. The following documentation must be attached to this application:* OneSchool invoice (GST-free) raised for reimbursement; and
* Tax invoice provided to the school by the assistance provider.
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| **Section 5: We, the undersigned, confirm that the above assistance has been provided.** |
| Assistance provider signature: | Date:      /     /      |
| SRTO contact signature: | Date:      /     /      |
| Student signature: | Date:      /     /      |
| Principal or Nominated officer signature: | Date:      /     /      |
| **OFFICE USE ONLY** |  |
| I authorise payment of $       from GL 540037 Cost Centre 2001085 Tax Code PZ Vendor 1000135  |
| Approving officer name:       | Position:       |
| Signed:  | Date:      /     /      |