# Travel and accommodation subsidy claim form

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

**This form is completed and submitted by the school in consultation with the apprentice/trainee and Supervising Registered Training Organisation (SRTO).**

**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 pay a claim for the school-based apprenticeships and traineeships (SAT) travel and accommodation subsidy. The information will only be used by authorised employees within the DoE/school/ SRTO. 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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| **The school is required to scan and email the completed form to** **VETinSchools@qed.qld.gov.au** |
| **Section 1: School-based apprentice/trainee details** | **Section 2: Travel and accommodation claim type** |
| Student name:       | **Complete either A *OR* B** |
| DOB:      /     /      (dd/mm/yyyy) | 1. **Accommodation subsidy and return journey claim**
 |
| Training Contract Registration No.:       | * **Accommodation subsidy**
 |
| School:       | I attended training with an SRTO on the dates shown in Section 3 and lived away from home. I am claiming the accommodation subsidy for       days (inclusive of travel). |
| Residential address:       |
| Telephone/Mobile:       |
| Email:       | * **Return journey claim**
 |
| Name of bank/financial institution:       | Total return distance between residence and SRTO:      kms |
| Account holder name:      BSB:           Account no.:       |
| 1. **Daily travel assistance claim**
 |
| I attended an SRTO on the dates shown in Section 3 and travelled daily. I travelled **more than 100 kms return** trip per day for       days. |
| **Section 3: Supervising Registered Training Organisation (SRTO) attendance details** |
| Total return distance between residence and SRTO:      kms |
| SRTO attended:       |
| SRTO address:      (where training was undertaken)  | **Section 4: Apprentice or trainee declaration** |
| Did you attend the closest SRTO which offers your course?[ ]  Yes [ ]  No | I declare all information on this form to be true and correct. |
| Training dates: (enter as dd/mm/yyyy) | Signed (apprentice/trainee): |
| Start:      /     /      | End:      /     /      | Date:  |
| Total days spent at training:       days | Signed (parent/carer): |
| Additional information: | Date: |
| **Section 5: SRTO attendance verification** |  |
| I declare that the above school-based apprentice/trainee attended training between dates specified in Section 3. |
| SRTO officer name:       | Telephone:       |
| Signed: | Date:  |
| **Section 6: School contact** |  |
| Principal or nominated officer name:       | Email:       |
| Signed: | Date:  | Telephone:       |
| **OFFICE USE ONLY** |  |
| Accommodation subsidy:       days at $       = $       | **TOTAL CLAIM $**  |
| Return journey claim:       kms at $       = $       |
| Daily travel assistance claim:       kms at $       = $       |
| I authorise payment of $       from GL 540037 Cost Centre 2001085 Tax Code PZ Vendor 1000135  |
| Approving officer name:  | Position:       |
| Signed:  | Date:  |