# Air travel application form

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

**This form is completed 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 arrange air travel. The information will only be used by authorised employees within the DoE/school/SRTO)/airline company. 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.*

**The school should scan and email the completed form to** [**VETinSchools@qed.qld.gov.au**](mailto:VETinSchools@qed.qld.gov.au) **at least 28 days prior to commencement of travel.**

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| **Section 1: School-based apprentice/trainee details** | | | | | | **Section 4: School contact** | | | |
| Surname: | | | First name: | | | School name: | | | |
| Training contract registration no.: | | | | | |
| Residential address: | | | | | | Principal or nominated officer: | | | |
|  | | | Postcode: | | | School telephone: | | | |
| Telephone/Mobile: | | | | | | School email: | | | |
| Email address to forward E-ticket to: | | | | | |
| **Section 2: Supervising Registered Training Organisation** | | | | | | **Section 5: Apprentice or trainee declaration** | | | |
| SRTO name: | | | | | | I declare all information on this form to be true and correct. | | | |
| SRTO address:  (where training was undertaken) | | | | | | Signed (apprentice/trainee): | | | |
|  | | Postcode: | | | | Date: | | | |
| SRTO telephone: | | | | | | Signed (parent/carer): | | | |
| SRTO training dates: (enter as dd/mm/yyyy) | | | | | | Date: | | | |
| Start:      /     / | | End:      /     / | | | | NB. The information you provide could be subject to audit checks. | | | |
| Total days spent at training:       days | | | | | |
| Additional information: | | | | | |
| **Section 3: Travel information** *(When indicating travel times, please allow for travel to and from the airport.)* | | | | | | | | | |
| Preferred air travel **to training:** | Date:      /     / | | | | | departing from: | Airport | | |
| Preferred time: | :      am/pm | | | | **OR** | arrive between: | and | | |
| Preferred air travel **to home**: | Date:      /     / | | | | | departing from: | Airport | | |
| Preferred time: | :      am/pm | | | | **OR** | arrive between: | and | | |
| Do you require checked baggage and/or extra allowance baggage (for tools or other)? | | | | | | | | Yes  No | |
| Do you have special dietary requirements? | | | | Yes - Details:        No | | | | | |
| NB. *An “****E-Ticket****” will be issued for the booking, and the apprentice/trainee* ***must*** *produce their student identification card or other photo identification at time of check-in to obtain boarding pass. Once booked, this airfare is NON TRANSFERABLE AND NON REFUNDABLE.* | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | |  |
| I authorise payment of $       from GL 540037 Cost Centre 2001085 Tax Code PZ Vendor 1000135 | | | | | | | | | |
| Approving officer name: | | | | | | Position: | | | |
| Signed: | | | | | | Date: | | | |