# 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** **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:  |