# 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**](mailto: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: | | | |