



A U S T R A L I A N A P P R E N T I C E S H I P SUPPORT SERVICES An Australian Government Initiative

JOINTLY FUNDED BY THE AUSTRALIAN AND NORTHERN TERRITORY GOVERNMENTS

## **Travel and Accommodation Claim Form**

Financial assistance is available to Northern Territory registered apprentices and trainees to help subsidise the cost of travelling to and from their off-the-job training and to assist those who are required to live away from home during this period.

Policy can be found: <a href="https://industry.nt.gov.au/publications/business/policies/apprenticeship-and-traineeship-travel-and-accommodation-subsidy-scheme-policy">https://industry.nt.gov.au/publications/business/policies/apprenticeship-and-traineeship-travel-and-accommodation-subsidy-scheme-policy</a>

In order to claim for Travel and Accommodation subsidy, the following is required:

- All fields <u>must</u> be completed on this form prior to submitting
- A call-up notice **must** be attached to this claim.
- Claim Form <u>must</u> be submitted 6 weeks prior to training block occurring or up to 6 months after training block is completed.
- Claim Form is to be emailed electronically to claims@gtntgroup.com.au or handed in to the office.
- A separate claim form **must** be submitted for each training block.
- Should the subsidy be paid to someone other than the apprentice/trainee an authorisation form **must** be attached.

Section 1 – Travel Details			
Full Name:		Date of Birth	:
Home Address:	-	Town/Subu	rb: Postcode:
Postal Address:	-	Town/Subu	rb: Postcode:
Contact Number:		Email Addres	ss:
Current Employer:			
Name of RTO:			
Location of training:			
Dates of training:	From:	То:	
Driving own vehicle? (Please Select)	Yes No		
Section 2 – Bank Account Details			
Account Name:		Account Num	ber:
Bank:	BSB Number:		
Branch:			
Claimant Name:		Signature:	Date:
Section 3 – Declaration of Previous Travel Claim			
This declaration must be completed for Australian Apprentice who have claimed previous travel blocks prior to the above claim. The declaration must be completed in its entirety to allow payment of this claim to be processed. Ensure the previous training block dates provided are true and correct before signing this declaration.			
Previous Training Block Dates: From: To: Or: This is my first travel  I certify the information provided on this form is true and correct. I declare that I attended trade school during the above previous training block dates and sign this declaration as evidence of receipt of grant paid and attendance.  I make this declaration by virtue of the Oaths Act and conscientiously believe the statements contained to be true in every particular.			
Claimant Name:		Signature:	Date:
Witness Name:		Signature:	Date: