**VETiS Program**

**SCHOOL-BASED APPRENTICESHIPS AND TRAINEESHIPS**

**TRAVEL AND ACCOMMODATION SUBSIDY CLAIM FORM**

To be completed by the School-based Apprentice or Trainee,

School and Supervising Registered Training Organisation(SRTO)

***PLEASE READ THE GUIDELINES BEFORE COMPLETING THE FORM***

***\*Please print details***

|  |
| --- |
| **Section 1: School Details** |
| Catholic School Authority  |  |
| Name of School  |  |
| Principal’s Name |  |
| Vet Coordinator’s Name |  |
| Phone number and email address |  |
| **Section 2: School-based Apprentice/Trainee details** |
| Student Name |  |
| Training Contract Registration Number |  |
| Current residential address |  |
| **Section 3: Supervising Registered Training Organisation (SRTO) Attendance Details** |
| 1. SRTO attended
 |  |
| 1. SRTO address
 |  |
| 1. Date Training Started
 |  |
| 1. Date Training Finished
 |  |
| 1. Total days spent at Training
 |  |
| **Section 4: Travel and Accommodation Claim Type (Complete either A *OR* B)** |
| **A: Accommodation Subsidy and Return Journey Claim*** *Accommodation Subsidy***:**

I attended training with a SRTO on the dates shown in Section 3 and lived away from home. I am claiming the subsidy for \_\_\_\_\_\_\_\_days (including travelling days).* *Return Journey Claim:*

Total return distance between residence and SRTO: \_\_\_\_\_\_km. |
| **B: Daily Travel Assistance Claim:** I attended a SRTO on the dates shown in Section 3 and travelled more than 100km return trip per day. Total distance (return trip per day) between residence and SRTO: km. |
| **Section 5: SRTO Attendance Verification** |
| I declare that the above school-based apprentice/trainee attended training between the dates specified in Section 3.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 6: School Declaration** |
| I hereby declare all information on this form to be true and correct.  |
| Trainee/Apprentice signature: | Date: |
| Principal’s or Delegate’s signature: | Date: |