**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***

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| **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: |