# CATHOLIC SECTOR 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)*

### Section 1 School-based Apprentice/Trainee Details
1. Your name: ____________________________________________________________
2. Training Contract Registration No: ________________________________
3. Your School: _________________________________________________________
4. Your current residential address: _______________________________________
   ________________________________________________________________

### Section 2 Travel and Accommodation Claim Type

**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 (include travelling days).

- **Return Journey Claim**
  I attended SRTO at ________________________________.
  Total distance (return) between residence and SRTO: ____________ km.

**B. Daily Travel Assistance Claim**
I attended training with a SRTO on the dates shown in Section 3 and travelled daily.
I travelled more than 100km return trip per day.
I attended SRTO at ________________________________.
Total distance (return) between residence and SRTO: ____________ km.

### Section 3 Supervising Registered Training Organisation (SRTO) Attendance Details
1. SRTO attended: _______________________________________________________
2. Suburb/Town attended: _________________________________________________
3. Date Training Started: _________________________________________________
4. Date Training Finished: _________________________________________________
5. Total days spent at Training: ___________________________

### Section 4 SRTO Attendance Verification
I declare that the above school-based apprentice/trainee attended training between the dates specified in Section 2.
Signed: __________________________ Date: __________________________
Name: __________________________ Position: __________________________

### Section 5 School Declaration
I hereby declare all information on this form to be true and correct.
Trainee/Apprentice Signature __________________________ Date: __________
Principal’s Signature __________________________ Date: __________
Vet Co-ordinator’s Name ___________________________________________

**OFFICE USE ONLY**
Accommodation Subsidy _______ days at $_______ = $
Return Journey Claim _______ km at _______ c/km = $
Daily Travel Assistance Claim _______ km at _______ c/km = $
TOTAL $________

I authorise payment of $ ___________________________ from VET in Schools (General) Funds A/c 53.8
Approving officer’s signature __________________________ Position: Executive Officer – Education Date: __________