



## 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: <https://business.nt.gov.au/publications>

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

- All fields **must** be completed on this form prior to submitting
- A call-up notice **must** be attached to this claim.
- Claim Form **must** 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](mailto: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/Suburb:	_____ Postcode: _____
Postal Address:	_____	Town/Suburb:	_____ Postcode: _____
Contact Number:	_____	Email Address:	_____
Current Employer:	_____		
Name of RTO:	_____		
Location of training:	_____		
Dates of training:	From: _____	To:	_____
Driving own vehicle? (Please Circle)	Yes	No	

### Section 2 – Bank Account Details

Account Name:	_____	Account Number:	_____
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: \_\_\_\_\_

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: \_\_\_\_\_