



ACCOMMODATION ALLOWANCE CLAIM FORM FOR APPRENTICES

(This claim must be submitted within 60 days of the last nominated training day)

APPRENTICE / TRAINEE DETAILS			<i>office use only</i>	
Surname	Given Name/s:		TRS ID:	
Address (no PO Box):				
Suburb/Town:	Post Code	Mobile No.:		
Email:	Apprentice Trade:			
Current year of apprenticeship / traineeship (please circle):			1	2
			3	4

EMPLOYMENT DETAILS

Employer / Company Name:	
Address:	Contact Phone No.:

Nominate the building and construction sector in which you do your on-the-job training

- HOUSING
 COMMERCIAL
 ENGINEERING
 MINING / OIL & GAS

TRAINING PROVIDER (RTO) DETAILS

Name of Training Organisation / TAFE College:		
Campus Location:		
Date of First Training Day: / /	Date of Last Training Day: / /	Total Days:

ACCOMMODATION DETAILS - Please enter dates of accommodation claimed, for which you have receipts.

Training Days: days attended off-the-job training (*usually Monday to Friday*)

DAY	TRAINING DATES	ACCOMMODATION CLAIMED	DAY	TRAINING DATES	ACCOMMODATION CLAIMED
1	/ /	<input type="checkbox"/>	11	/ /	<input type="checkbox"/>
2	/ /	<input type="checkbox"/>	12	/ /	<input type="checkbox"/>
3	/ /	<input type="checkbox"/>	13	/ /	<input type="checkbox"/>
4	/ /	<input type="checkbox"/>	14	/ /	<input type="checkbox"/>
5	/ /	<input type="checkbox"/>	15	/ /	<input type="checkbox"/>
6	/ /	<input type="checkbox"/>	16	/ /	<input type="checkbox"/>
7	/ /	<input type="checkbox"/>	17	/ /	<input type="checkbox"/>
8	/ /	<input type="checkbox"/>	18	/ /	<input type="checkbox"/>
9	/ /	<input type="checkbox"/>	19	/ /	<input type="checkbox"/>
10	/ /	<input type="checkbox"/>	20	/ /	<input type="checkbox"/>

Total number of accommodation nights:

Please provide the name and address of accommodation provider:	
Name:	
Suburb / Town:	Contact No.

Construction Training Fund Use Only:		
Authorised by:	Date:	Subsidy:



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DECLARATION

APPLICANT DECLARATION

I certify that all of the details stated on this form, as provided by me, are true and correct.

Signature of Applicant

____/____/_____
Date

TRAINING PROVIDER DECLARATION

Please use an organisation stamp to authenticate the attendance dates as above

During the period of claim, state the number of days the apprentice /
trainee attended off-the-job training:

Number of authorised absences in same period:

I certify the above details are correct and in accordance with RTO attendance records.

Signature of lecturer / authorised RTO Officer

____/____/_____
Date

Name of lecturer / authorised RTO Officer

ELIGIBILITY

To receive a Construction Training Fund accommodation subsidy the apprentice must:

- Permanently reside a minimum of 100 km from the RTO
- Stay in temporary commercial accommodation e.g. Hotel, Motel etc
- Demonstrate full attendance for block class
- Provide an invoice/s for the cost of the accommodation and proof of payment
- Have the claim verified by an authorised RTO representative
- Lodge the claim with the Construction Training Fund within sixty days of the last training day being claimed

NOTE

- *A maximum accommodation subsidy of \$35.00 per day per apprentice is claimable*
- *A maximum accommodation subsidy of \$700.00 per apprentice per financial year is claimable*
- *The accommodation subsidy applies to weekdays only*
- *The subsidy applies to accommodation costs incurred between 1 July 2009 and 30 June 2010*
- *Accommodation costs must be incurred in the name of the apprentice making the claim*

Please forward this claim form together with a **copy of the accommodation receipt/s to:**

Construction Training Fund, PO BOX 746, WEMBLEY WA 6913

Or

FAX: (08) 9244 0199

For further information contact the Construction Training Fund on (08) 9244 0100 or visit www.bcitf.org.