

**Interstate Training**

**Application for Travel Support**

Skills Canberra

GPO Box 158

Canberra ACT 2601

**Australian Apprentice Details**

Australian Apprentice No:

Qualification:

Last Name:

First Name:

Home Address:

Postcode:

Date of Birth: Home Phone:

Work Phone:

**Employer Details**

Business/Company Name:

Supervisor’s Name: Work Address:

Postcode:

**Registered Training Organisation (RTO) Details**

RTO Name: RTO Location/Campus:

**RTO Declaration**

I verify that the above Australian Apprentice attended training on the dates listed below:

Trainer’s Full Name (print clearly):

Signature:

RTO/Trainer email contact for any enquiries:

Date:

Official RTO Stamp:

Date of Travel (to & from Sydney/Wagga): To: ­­­\_\_\_\_\_\_\_From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attended training:

**Australian Apprentice Declaration**

I declare that the above information is correct and confirm that I attended the structured (off-job)

training detailed above.

Signature:

Date:

ETD Office Use Only

Date Paid: \_/ \_/ BR#:

Pre-Payment: YES / NO

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