



ACT
Government

Chief Minister, Treasury and
Economic Development

Skills Canberra
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Interstate Training Application for Travel Support

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 Name: _____

Signature: _____

Date: _____

Official RTO Stamp: 

Date of Travel (Sydney): _____

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: _____

Skills Canberra Office Use Only

Date Paid: ____/____/____

BR#: _____

Pre-Payment: YES / NO