

**CTF TRAVEL AND ACCOMMODATION ALLOWANCE  
ALLOWANCE CLAIM FORM**

This form is required to be submitted in support of CTF Travel and Accommodation Allowance claims. The CTF Travel and Accommodation is only payable to eligible construction Apprentices and Trainees. For more information, please visit [our website](#), email us at [info@ctf.wa.gov.au](mailto:info@ctf.wa.gov.au) or call us on (08) 9244 0100.

**Your Details**

Full Name	Email Address <i>(as appears on your WAAMS record)</i>
Contact Phone Number	WAAMS Contract Number <i>(eg 123456A1)</i>

**Training Details**

Training Provider Name	Training Provider Suburb & Postcode <i>(course venue)</i>
Training Start Date	Training End Date

**Accommodation Details\***

Accommodation Provider Name	
Accommodation Provider Street Address	Accommodation Provider Suburb & Postcode

*\*A copy of the Accommodation Provider's Invoice/Receipt must also be provided, clearly showing the dates of stay, nightly rate/s and that full payment has been made.*

*If staying in Private accommodation, please provide the **Private accommodation receipt** submitted to DTWD.*

Residential address	Mode of transport
	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus/rail <input type="checkbox"/> Air
Private vehicle – Registration Number of vehicle	Bus or Rail – cost of ticket and copies of tickets or itinerary
Flight details cost of ticket and copies of tickets or itinerary	

*\*A copy of the Bus/Rail or Flight Invoice/Receipt must also be provided, clearly showing the dates of travel and that full payment has been made.*

Travel Log

Day	Date	Type of Day <i>(please circle)</i>	Travelled from Home	Travelled to Home	Accommodation Claimed
1		Training    Non-Training			
2		Training    Non-Training			
3		Training    Non-Training			
4		Training    Non-Training			
5		Training    Non-Training			
6		Training    Non-Training			
7		Training    Non-Training			
8		Training    Non-Training			
9		Training    Non-Training			
10		Training    Non-Training			
11		Training    Non-Training			
12		Training    Non-Training			
13		Training    Non-Training			
14		Training    Non-Training			
15		Training    Non-Training			
16		Training    Non-Training			
17		Training    Non-Training			
18		Training    Non-Training			
19		Training    Non-Training			
20		Training    Non-Training			

**DECLARATION**

By signing below, you are confirming the below statements are true and accurate at the date of submitting this claim:

- I have read the criteria information and understand that CTF will assess the information provided in this application against the eligibility requirements documented on their website.
- The individual included in this application is actively and directly involved in the WA building and construction industry, performing on-site construction/installation activities, or on-site fabrication and installation work on a continual basis for the major portion of time.
- I understand the value of the disbursement related to this application may be dependent on conditions outlined in the Guidelines document and that final determination regarding eligibility and the amount of disbursement made available rests with the CTF.
- I understand that CTF may require additional information and/or contact parties nominated in this application for compliance purposes.
- I give permission for CTF to request payment information relevant to this claim from the Department of Training and Workforce Development in order to accurately assess and process this claim.
- I understand that providing false or misleading information may result in CTF dismissing this claim and/or legal action.

Signature

Name

Date

**Once complete, please email this form along with a copy of your Accommodation Provider's Invoice/Receipt and copies of Travel Invoice/Receipt to [info@ctf.wa.gov.au](mailto:info@ctf.wa.gov.au).**