**Apprentice/Trainee Request to Change Travel Booking**

**SP011101**

This form must be completed by any Apprentice/Trainee and their employer who requires a **change/amendment to their travel booking**. Students/Employers must be aware of the following:

* Students who make changes to travel bookings for personal reasons are responsible for any costs associated with booking changes. **By signing this request you are accepting the associated cost will be transferred onto your Student Management Account for payment.**
* Employers who request a change to travel will be responsible for any costs associated with the change.
* Where the change is initiated by South Metropolitan TAFE, and beyond the control of the student, South Metropolitan TAFE will accept the costs of the change; however this request for change must be signed by delegated authority to confirm South Metropolitan TAFE’s requirement for the travel booking change.
* **Email:** [apprenticetravel@smtafe.wa.edu.au](mailto:apprenticetravel@smtafe.wa.edu.au) **Enquiries: 1300 932 677**

**APPRENTICE/TRAINEE DETAIL**

Apprentice/Trainee Name: Student ID:

Residential Address:

Residential Suburb: Post Code:

Residential Contact Numbers: Ph: Fax: Mob:

**ORIGINAL TRAVEL BOOKING DETAILS**

Type of Travel Required: 🞏Bus/Rail🞏Air Flight Reservation Code: eg BRM/PER/BRM

Departure Date: Day: Date:

Return Date: Day: Date:

**TRAVEL BOOKING REQUESTED**

Reason for Change: 🞏 Personal – Payment required prior to change

🞏 Employer Request – Payment required prior to change

🞏 Medical/Exceptional Circumstances – Evidence required

🞏 College Change – Appropriate signatory required (see below)

New Departure Date: New Return Date:

Employer Authority: Name: Signature: Date:

***Advice of costs incurred with travel booking changes will be provided once changes are confirmed.***

**APPRENTICE SIGN OFF**

Apprentice/Trainee:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Payment Method: Credit 🞏 Other 🞏

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Payment Amount: Receipt Number:

OR

Cost Code \_ \_ \_ - \_ - \_ \_ \_ \_ \_

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Cost of Change: Ex GST: Inc GST: Invoice No

Delegated Authority:

*I confirm that the portfolio will incur cost of travel claim, due to an unscheduled change to apprentice delivery:*

Name: Signature: Date: