

SNIEF TRAINING SERVICES LTD

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Skills Development Scotland - Funded Travel & Lodgings

Claim Form

PLEASE COMPLETE **ALL** SECTIONS OF THE UNDERNOTED FORM – IF ANY SECTION IS NOT APPLICABLE TO YOU PLEASE WRITE N/A.

- RETURN THE COMPLETED FORM TO **SNIEF TRAINING SERVICES LTD.**
- **FAILURE TO FULLY COMPLETE** THIS CLAIM FORM MAY RESULT IN THE CLAIM BEING REJECTED.
- ONLY **ORIGINAL** CLAIM FORMS WILL BE ACCEPTED, **NO PHOTOCOPIES WILL BE ACCEPTED.**
- **ALL RECEIPTS** MUST BE ATTACHED FOR **TRAVEL & LODGINGS.**

Apprentice Details

Full Name:

Address:

Postcode: Telephone Number:

D.O.B. / / National Insurance Number:

Year of Apprenticeship: (e.g. 1st, 2nd, 3rd or 4th)

Employer Details

Company Name:

Address:

Postcode: Telephone Number:

Travelling Expenses

Period of Claim: **from:** / / **to:** / /

Number of Days claimed for: **days**

Lodgings Expenses

Name of Lodgings:

Number of Nights Claimed for: **Nights**

College Attended

Name of College:

Period of Claim: **from:**/...../..... **to:**/...../.....

Number of days should have attended during period: **days**

Number of days actually attended during this period: **days**

Signed by lecturer: Date:/...../.....

Print Name:

Apprentice & Employer Declaration

We hereby certify that information submitted in this claim form is factual and true and that the named apprentice has personally incurred **ALL** of the expenses claimed.

Apprentice Signature: Date:/...../.....

Print Name:

Employer Signature:..... Date:/...../.....

Print Name:

Checklist

- All receipts** are attached.
- This is an **original** claim form, **not a photocopy**.
- All **postcodes** have been provided.
- All relevant fields** have been completed.
- A **College Lecturer** has signed the declaration.
- The **Apprentice** has signed the declaration.
- The **Employer** has signed the declaration
- The **Individual** making the claim has personally incurred **all** of the expenses claimed (Tick as tasks are completed)

PLEASE COMPLETE FORM IN FULL