

APPLICATION FORM FOR ASSISTANCE WITH TRAVEL AND LODGINGS

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 **SNIEPF 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 **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**

LODGING 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