



First name(s)

Apprentice/Trainee Request to Change Travel Booking Form TS111101



Email | apprenticetravel@smtafe.wa.edu.au

Apprentice/Trainee information

Apprentice/Trainee name

Phone | 1300 932 677

Student

ID

This form must be completed by any apprentice or trainee and their employer who requires a change to their travel booking. Students and 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 to your student account for payment.
- Employers who request a change to travel will be responsible for any costs associated with the booking change.
- Where the change is initiated by South Metropolitan TAFE (SM TAFE) and beyond the control of the student, SM
 TAFE will accept the costs of the change; however, this request for change must be signed by delegated authority to
 confirm SM TAFE's requirement for the travel booking change.
- Advice of costs incurred with travel booking changes will be provided once changes are confirmed.
- · Changes for the purpose of medical or exceptional circumstances should attach letters of evidence to this form.

Surname

Residential address								
Nesidential address	Suburb				Post code			
Residential contact numbers	Phone		Fax		Mobile			
Email address								
Original travel booking details								
Type of travel required	□ Aiı	r □ Bus	Flight	reservation code	eg BRM/PE	ER/BRM		
Departure date	Day		Date		Time		□ AM	□РМ
Return date	Day		Date		Time		□ AM	□РМ
Reason for change	 □ Personal □ Employer request □ Medical/exceptional circumstances (evidence required) □ College change (appropriate signatory required below) 							
New departure date	Day		Date		Time		□ AM	□ PM
New return date	Day		Date		Time		□ AM	□РМ
Employer confirmation								
Employer business name								
Contact name						Date	1	1
Signature	Х							
Apprentice confirmation	ı							
Apprentice name						Date	/	1
Signature	Х							
SM TAFE confirmation (where ch	ange is initiated by SM ⁻	TAFE)					
Staff name						Date	/	/
Position								