

### Claim Form Information

Please fully complete **all** sections of the undernoted Claim Form. Failure to fully complete this Claim Form may result in the Travel & Lodgings claim being rejected.

- Return fully completed Claim Form to SNIFE Training Services Ltd via email (details above).
- All receipts for Travel & Lodgings must be attached. We suggest copies of receipts are submitted.

### Apprentice Details

|                             |  |
|-----------------------------|--|
| <b>Apprentice Name</b>      |  |
| <b>Apprentice NI Number</b> |  |
| <b>Address Line 1</b>       |  |
| <b>Address Line 2</b>       |  |
| <b>Town/City</b>            |  |
| <b>Post Code</b>            |  |

### Employer Details

|                       |  |
|-----------------------|--|
| <b>Business Name</b>  |  |
| <b>Address Line 1</b> |  |
| <b>Address Line 2</b> |  |
| <b>Town/City</b>      |  |
| <b>Post Code</b>      |  |

### Travel & Lodgings Period of Claim

You must enter the dates below to indicate the period of Travel & Lodgings you wish Skills Development Scotland to make payment for.

| Travelling Expenses            |              |            |            |            |
|--------------------------------|--------------|------------|------------|------------|
| <b>Period of Claim</b>         | <b>From:</b> | DD/MM/YYYY | <b>To:</b> | DD/MM/YYYY |
| <b>No. of Days Claimed For</b> |              |            |            |            |

| Lodging Expenses (if applicable) |              |            |            |            |
|----------------------------------|--------------|------------|------------|------------|
| <b>Period of Claim</b>           | <b>From:</b> | DD/MM/YYYY | <b>To:</b> | DD/MM/YYYY |
| <b>No. of Nights Claimed For</b> |              |            |            |            |

### College Attendance & Declaration

Please note it is a requirement of the Travel & Lodgings – Rules & Regulations that your College Lecturer completes the below information and signs the Lecturer Declaration.

|                                     |              |            |            |            |
|-------------------------------------|--------------|------------|------------|------------|
| <b>College Name</b>                 |              |            |            |            |
| <b>College Lecturer Name</b>        |              |            |            |            |
| <b>Period of Claim</b>              | <b>From:</b> | DD/MM/YYYY | <b>To:</b> | DD/MM/YYYY |
| <b>Required Days of Attendance</b>  |              |            |            |            |
| <b>Actual Days of Attendance</b>    |              |            |            |            |
| <b>Reason for Days Not Attended</b> |              |            |            |            |

### Lecturer Declaration

I declare, to the best of my knowledge and belief that all statements and information provided in the College Attendance & Declaration section above are correct and fully complete.

|                           |  |                          |  |
|---------------------------|--|--------------------------|--|
| <b>Lecturer Signature</b> |  | <b>Date (DD/MM/YYYY)</b> |  |
|---------------------------|--|--------------------------|--|

## Travel & Lodgings Payment Details

As per the 'SDS Travel & Lodgings – Confirmation of Travel Letter' bank details entered on this Claim Form will be checked against the details provided in the annual Initial Form. Travel & Lodgings payment may be split between the apprentice and the employer therefore bank details for both parties are required to be entered below. **All SDS Travel & Lodgings payments are now made by BACS transfer. Cheques will no longer be issued for payments.**

| Apprentice Bank Details |  |  |   |  |  |  |   |  |
|-------------------------|--|--|---|--|--|--|---|--|
| Account Holder Name     |  |  |   |  |  |  |   |  |
| Bank Name               |  |  |   |  |  |  |   |  |
| Account Number          |  |  |   |  |  |  |   |  |
| Sort Code               |  |  | - |  |  |  | - |  |

| Employer Bank Details |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|
| Account Holder Name   |  |  |  |  |  |  |  |  |
| Bank Name             |  |  |  |  |  |  |  |  |
| Account Number        |  |  |  |  |  |  |  |  |
| Sort Code             |  |  |  |  |  |  |  |  |

**\*\*If the bank details in this Claim Form do not match the details on the annual Initial Form this may delay SDS Travel & Lodgings payments as this will require to be investigated. Please note if bank details are incorrect and Travel & Lodgings payments are paid into the wrong bank account these payments will be unrecoverable and SNIPEF Training Services Ltd is not liable to reimburse any lost SDS Travel & Lodgings payments\*\***

## Additional Comments

If you have any additional comments or if you need to add anything in relation to this Travel & Lodgings – Claim Form please enter below. Comments can also be added by the Training Provider in this section.

## Apprentice & Employer Declaration

Please note it is a requirement of the Travel & Lodgings – Rules & Regulations that the apprentice and employer complete and sign the below declarations.

| Apprentice Declaration   |  |                          |  |
|--|--|--------------------------|--|
| I declare, to the best of my knowledge and belief that all statements and information provided in this Travel & Lodgings Claim Form are correct and fully complete. I have followed the Skills Development Scotland Travel & Lodgings – Rules & Regulations to the best of my ability. |  |                          |  |
| I understand that if I do not provide all receipts with my Travel & Lodgings Claim Form Skills Development Scotland will not be able to make any Travel & Lodgings payments.   |  |                          |  |
| <b>Apprentice Signature</b>  |  | <b>Date (DD/MM/YYYY)</b> |  |

| Employer Declaration   |  |                          |  |
|--|--|--------------------------|--|
| I declare that all statements and information provided in this Travel & Lodgings Claim Form by my apprentice are correct and fully complete. |  |                          |  |
| <b>Employer Signature</b>  |  | <b>Date (DD/MM/YYYY)</b> |  |

If you have any questions regarding the apprenticeship training programme or this "SDS Travel & Lodgings – Claim Form" please contact SNIPEF Training Services Ltd on 0131 524 1245 or alternatively you can email us at [training@snipef.org](mailto:training@snipef.org)

**Our Ref: S/F/T&S2/1.1/October 2022**