

Approval to Travel

This form is to verify your transfer of duties for the period of your VET Teacher Training program and must be completed **prior** to any travel. (This approval ensures teachers are covered for workers' compensation while attending VET Teacher Training program events outside the school.)



Education & Training

1. Program details: Vocational Education Teacher Training LOC

Contact officer Phone Number (02)

2. Applicant

Title	First Name	Surname	DET ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	Postcode
<input type="text"/>	<input type="text"/>

Home phone or mobile number	E-mail address
<input type="text"/>	<input type="text"/>

School Name	School Code
<input type="text"/>	<input type="text"/>

3. I will be travelling in the period of

From To

4. Mode of Transport (over duration of program) tick where appropriate.

Private Car Bus Rail Taxi Other

Please Attach Copies of (1) CURRENT CAR INSURANCE (2) CAR REGISTRATION (3) DRIVER'S LICENCE

Public transport by train or bus is the Department's preferred option for transport. However, approval may be granted for use of private motor vehicles where public transport is not available or suitable. You must complete Section 5 and submit all supporting documentation before approval will be considered.

5. Private Car

You may use a private car during the program when public transport is **NOT** available. You **MUST** attach a copy of your current comprehensive insurance policy (which indemnifies the Crown) if you intend to claim car related expenses at any time during the program.

5.1 Details of private car

Make Model Engine Capacity
 Year of manufacture Registration Number

5.2 Details of comprehensive policy

Name of insurance company Policy No:

5.3 Declaration by officer using own vehicle

I declare that my motor vehicle as determined above is covered by a comprehensive insurance policy and that my attached policy has been endorsed in terms of PS Regulations 91A or Determination 37 of Section 26 of the Teaching Service Act 1970. In the event that I finance my vehicle on a monthly basis, I hereby commit to continue financing my vehicle insurance for 12 months from the date of the signature on this form.

Applicant's signature Date

6. I declare that this application relates only to program related travel.

Applicant's signature Date

7. Approval by principal or principal's designated officer

Signature Date

Office Use:
 Funds available: _____
 Senior Coordinator/Coordinator Teacher Training
 Dated: _____

Return this form to:
 VET Teacher Training
 Vocational Education in Schools Directorate
 Fax: (02) 9266 8288