

The Lead Employer Trust

**EXCESS TRAVEL OR ACCOMMODATION IN LIEU APPLICATION FORM
ASSESSMENT FOR EXCESS DAILY TRAVELLING EXPENSES**

Personal Details

Surname: _____

Forename: _____

Specialty: _____

Level: _____

Contract Type: **ST run through / CT / FTSTA / LAT / ACF /ACL** (delete as appropriate)

Current Host Training Organisation _____

Contract Start Date _____

Contract End Date _____

Home Address at time of Application

Nominated Base _____

Are you in Temporary Accommodation YES / NO

Trainees Signature: _____ Date: _____

OFFICE USE ONLY

This trainee is / is not eligible for excess Travel/accommodation in lieu

HR Officer Signature: _____

Date: _____

Payroll Officer Signature: _____

Date: _____