

## Defence International Training Centre Student Travel Application

Outside of Melbourne Region

## Part A - Personal Particulars

First Name		Family Name	
Rank Phone	e Number	Course	
Part B - Travel Details			
Start Date End D	ate	Departure Time	Return Time
Address -Full Address Required	*	City or Town	Postcode
		Chaha ay Tawihaw	
		State or Territory	
Contact Full Name		Contact Phone Number	
Contact run Name		Contact Filone Number	
Student Signature			
* I acknowledge all cost associated with this application, are my responsibilities.			
			Date
Part C - Approving Authority - HLTS, HTTS or OICPTS*			
Student to notify Duty ISO on <b>0410 596 014</b>			
Leave Approved Appo	intment	Name	
Signature			
			Date
HOS to Email / Forward to Long Course Administrator			
1100 to Emaily 1 of ward to Long Course Administrator			
Part D - Administrative Use Only			
Travel Application Filed		Date	
Signature			