WORK HISTORY SUPPLEMENTARY SKILLS APPLICANTS

CLAIMANT NAME:		**CONTACT NUMBER:**	
EMPLOYER NAME (*if applicable*):		**CONTACT NUMBER:**	
COURSE TO BE UNDERTAKEN:			* *Work Done on-site during construction phase*

PROJECT OWNER DETAILS	**PROJECT LOCATION**	**BRIEF JOB DESCRIPTION**	*	**DATE**
Example Only: ***Joe Blogg's Homes Tel: 9876 6532***	***123 Hay Street, Perth***	***Electrical wiring to new home***	***Y/N***	***February 2004***

Note: Project Owner details and telephone contact details are required for each work history record. The Construction Training Fund reserves the right to the final determination of employer eligibility for subsidies under any of the Funds training programs.