



SUPPLEMENTARY SKILLS CLAIM INDIVIDUAL



HOW TO CLAIM IN 2 EASY STEPS

• Step 1

Fill in the required details (1 to 5) on the Claim Form and read and sign the declaration.

• Step 2

Attach paid invoice(s) and payment receipt(s) from the private registered training provider, statement(s) of attainment/certificate(s), completed surveys to the completed Claim Form. Then send by either post, email or fax:

Post Construction Training Fund

PO Box 746

WEMBLEY WA 6913

Email inquiries@bcitf.org

Fax 9244 0199

HOW YOUR CLAIM IS MANAGED

When all required documentation is received by the Training Fund, your claim is assessed by the Program Administration Officer against eligibility criteria.

Your claim may be returned if all required documents are not submitted or if additional, supporting information is required.

Once your claim is approved, a payment will be generated in the name of the person/company and sent to the address identified on the claim form. Claimants should allow 30 days of all invoices and accurate documentation being received for payment from the Training Fund.

Please note: claims for rebate must be submitted within 12 months of undertaking the course.

CLAIM CHECKLIST

Completed and signed Claim Form.

Copy of invoice(s) and payment receipt(s).

Copy of statement(s) of attainment/certificate(s).

IF EMPLOYED (at time of training) - List project/s that demonstrate minimum of 3 months in the WA construction industry just PRIOR to course/s commencement

IF SELF EMPLOYED / SUB-CONTRACTOR - *attach a copy of DL22 – Self Employed work history demonstrating employment in the construction industry in Western Australia for a minimum of 3 months just prior to the date of course commencement.*

IF UNEMPLOYED - *attach a copy of your work history demonstrating employment in the construction industry in Western Australia for a minimum of six months within 12 months or a job offer from an employer prior to the date of course commencement.*

FURTHER INFORMATION

Information on the eligibility of applicants and courses can be found in the Training Fund's Guidelines located on the www.bcitf.org website downloads page or queries can be emailed to inquiries@bcitf.org.

USE AND DISCLOSURE OF PERSONAL INFORMATION

Any personal information we collect on this form will only be used or disclosed for the primary purpose from which it was collected.

In some limited circumstances, we may also need to use or disclose personal information for other specific purposes, for example where required to do so by law, for example pursuant to the Freedom of Information Act 1992 or in response to a subpoena.



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1. Your Details

First Name	Surname	Date of birth	
Address (postal)	Suburb	Postcode	
USI Number	Email	Phone/Mobile	

2. Employment Details

CURRENTLY EMPLOYED / WORKING (tick if yes) <i>If No, please complete a DL09 - Work History form and attach to this claim.</i>	
EMPLOYMENT TYPE (tick one)	
SELF EMPLOYED / CONTRACTOR <i>*If Yes, please complete a DL22 -Self Employed Work History form and attach to this claim.</i>	
EMPLOYEE <i>*If Yes, go to Section 4 of this form. Your nominated employer may be contacted for compliance purposes.</i>	
EMPLOYER DETAILS (EMPLOYEES ONLY)	
Employer's Business Name	Contact Name
Employer's Contact Phone #	Employer's Contact Email
Employment Start Date:	

3. Course Details *to receive a subsidy the survey MUST be completed.*

Course Name										
Course Start	Course End			Course Duration (hours)						
Training Provider	Location of Training Facility									
Overall Satisfaction with the course (tick one)	1	2	3	4	5					
	<i>Low</i>			<i>High</i>						
How will you use the skills gained through this training?	1 In current employment			2 Upskilling						

ADDITIONAL COURSES CAN BE LISTED ON PAGE 3

4. Site details (employees only) - *List project/s that demonstrate minimum of 3 months in the WA construction industry just PRIOR to course commencement. Additional project details can be supplied on a DL09 Work History Form*

Project Details 1	Start Date	End Date	Project Location			
Job Description (bricklayer / rigger)	Job Type		BUILD	FABRICATE	INSTALL	MAINTAIN
Project works for / resulting in:	Residential building/s <i>(house / apartments)</i>	Commercial building/s <i>(warehouse / school / office)</i>	Processing Infrastructure <i>(power plant / waste water plant / material production)</i>	Engineering works <i>(roads / bridges / jetties)</i>	Other	

Project Details 2	Start Date	End Date	Project Location			
Job Description (bricklayer / rigger)	Job Type		BUILD	FABRICATE	INSTALL	MAINTAIN
Project works for / resulting in:	Residential building/s <i>(house / apartments)</i>	Commercial building/s <i>(warehouse / school / office)</i>	Processing Infrastructure <i>(power plant / waste water plant / material production)</i>	Engineering works <i>(roads / bridges / jetties)</i>	Other	

Project Details 3	Start Date	End Date	Project Location			
Job Description (bricklayer / rigger)	Job Type		BUILD	FABRICATE	INSTALL	MAINTAIN
Project works for / resulting in:	Residential building/s <i>(house / apartments)</i>	Commercial building/s <i>(warehouse / school / office)</i>	Processing Infrastructure <i>(power plant / waste water plant / material production)</i>	Engineering works <i>(roads / bridges / jetties)</i>	Other	

5. DECLARATION

I declare the information given in this form is truthful, accurate and complete. I am aware that giving false or misleading information may result in legal action. I understand that the final determination regarding eligibility rests with the Training Fund. By signing this declaration I confirm I have read and understood the Fund's use and disclosure of personal information.

Signature _____ Name _____ Date _____

OFFICE USE ONLY

COURSE CODE/S AND SUBSIDY	SUBSIDY TOTAL	CLAIM #	APPROVED BY	BATCH #



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ADDITIONAL COURSES / SURVEYS

If Project details on page 2 do not provide the minimum 3 months in the WA construction industry just PRIOR to course/s commencement below additional project details can be supplied on a DL09 Work History Form.

Course Name		Course Start		Course End	
Course Duration (hours)		Location of Training Facility			
Overall Satisfaction with the course (tick one)	1	2	3	4	5
	<i>Low</i>		<i>High</i>		
How will you use the skills gained through this training?	1 In current employment		2 Upskilling		

Course Name		Course Start		Course End	
Course Duration (hours)		Location of Training Facility			
Overall Satisfaction with the course (tick one)	1	2	3	4	5
	<i>Low</i>		<i>High</i>		
How will you use the skills gained through this training?	1 In current employment		2 Upskilling		

Course Name		Course Start		Course End	
Course Duration (hours)		Location of Training Facility			
Overall Satisfaction with the course (tick one)	1	2	3	4	5
	<i>Low</i>		<i>High</i>		
How will you use the skills gained through this training?	1 In current employment		2 Upskilling		

Course Name		Course Start		Course End	
Course Duration (hours)		Location of Training Facility			
Overall Satisfaction with the course (tick one)	1	2	3	4	5
	<i>Low</i>		<i>High</i>		
How will you use the skills gained through this training?	1 In current employment		2 Upskilling		

Course Name		Course Start		Course End	
Course Duration (hours)		Location of Training Facility			
Overall Satisfaction with the course (tick one)	1	2	3	4	5
	<i>Low</i>		<i>High</i>		
How will you use the skills gained through this training?	1 In current employment		2 Upskilling		