



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 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 a minimum of ten working days to receive 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 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	
Email		Date of Birth	___/___/___
Address (postal)		Phone	
Suburb/City		Post Code	

2. Course Details

Course Name				
Training Provider				
Location of Training Facility		Course Cost (as per attached receipt)		
Course Start	___/___/___	Course End	___/___/___	Course Duration (hours)

3. Employment Details

Currently Employed				
Yes	No*	<i>*If No, please complete a DL09 - Work History form and attach to this claim.</i>	Employer's Business Name	
Employer's Contact Name			Employer's Contact Number	
SELF EMPLOYED (only complete this section if you are self-employed/contractor)				
Business Name			Description of Business	
ABN			Registered for GST	Yes No

4. Site details – project at or just prior to the commencement of training

Job Title		Start Date	___/___/20___	End Date	___/___/20___							
Project Suburb	Works on / to: (e.g. house / office / road)	Project Type (tick one)						Location (tick one)		Work Type (tick one)		
		Housing		Commercial		Engineering		On Site / Workshop / Yard		Installing / Maintaining / Fabricating		
		New	Existing	New	Existing	New	Existing					

5. Survey Completion - to receive a subsidy this survey MUST be completed

If you are claiming for more than ONE course, please complete a survey for each course on the next page.

Overall Satisfaction with the course (please circle 1 = Low and 5 = High)	1	2	3	4	5
How will you use the skills gained through this training? (please circle one)	1	In your current employment	2	Upskilling	

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. I confirm that the account submitted has been paid in full and I have successfully completed the course stated.

Signature

Name

Date

OFFICE USE ONLY	
Course code/s and Subsidy	SUBSIDY TOTAL
CLAIM #	BATCH #
APPROVED BY	



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ADDITIONAL COURSES / SURVEYS

Course Name										
Training Provider										
Location of Training Facility		Course Cost (as per attached receipt)								
Course Start	___/___/___	Course End	___/___/___	Course Duration (hours)						
Overall Satisfaction with the course (please circle 1 = Low and 5 = High)						1	2	3	4	5
How will you use the skills gained through this training? (please circle one)		1	In your current employment			2	Upskilling			

Course Name										
Training Provider										
Location of Training Facility		Course Cost (as per attached receipt)								
Course Start	___/___/___	Course End	___/___/___	Course Duration (hours)						
Overall Satisfaction with the course (please circle 1 = Low and 5 = High)						1	2	3	4	5
How will you use the skills gained through this training? (please circle one)		1	In your current employment			2	Upskilling			

Course Name										
Training Provider										
Location of Training Facility		Course Cost (as per attached receipt)								
Course Start	___/___/___	Course End	___/___/___	Course Duration (hours)						
Overall Satisfaction with the course (please circle 1 = Low and 5 = High)						1	2	3	4	5
How will you use the skills gained through this training? (please circle one)		1	In your current employment			2	Upskilling			

Course Name										
Training Provider										
Location of Training Facility		Course Cost (as per attached receipt)								
Course Start	___/___/___	Course End	___/___/___	Course Duration (hours)						
Overall Satisfaction with the course (please circle 1 = Low and 5 = High)						1	2	3	4	5
How will you use the skills gained through this training? (please circle one)		1	In your current employment			2	Upskilling			

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Training Provider										
Location of Training Facility		Course Cost (as per attached receipt)								
Course Start	___/___/___	Course End	___/___/___	Course Duration (hours)						
Overall Satisfaction with the course (please circle 1 = Low and 5 = High)						1	2	3	4	5
How will you use the skills gained through this training? (please circle one)		1	In your current employment			2	Upskilling			