



HOW TO CLAIM

1. Fill in the required details (1 to 4) on the Claim Form and read and sign the declaration.
2. Ensure participants complete the Survey.
3. Attach paid invoice(s) and / or 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 303 CLOVERDALE WA 6985

Email inquiries@bcitf.org

Fax 9244 0199

CALCULATING YOUR REBATE

The below table schedules provide the rates for course types funded:

Course Type	Description	Hourly Rate	Max Day Rate	Max per course
Short courses	Courses to upgrade the skills essential for employee work roles e.g. rigging, first aid, scaffolding, plant operations, excel	\$31	\$248	\$1,300
Occupational Licensing	Courses undertaken that result in or lead to a trade or occupational license.	\$15	\$120	\$500
Higher Qualifications	Courses undertaken that result in or lead to a Certificate IV / Diploma course.	\$15	\$120	\$1,300 \$1,100 *online

The course cost does not include additional fees or charges eg administration fees, book fees.

ELIGIBILITY IS DETERMINED AFTER A CLAIM IS RECEIVED – SEE OUR GUIDELINES FOR THE CRITERIA

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 statement(s) of attainment/certificate(s). |
| Completed Surveys. | GST compliant tax invoice from your company to the Construction Training Fund (subsidy rate plus GST). |
| Copy of invoice(s) and payment receipt(s). | |

FURTHER INFORMATION

Information on the eligibility of companies 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.



SUPPLEMENTARY SKILLS CLAIM
EMPLOYER – METRO TRAINING



COMPANY DETAILS

Business Name	_____	A.B.N.	_____
Phone	_____	Email	_____
Address (postal)	_____	Suburb/City	_____
		Post Code	_____

1. COURSE DETAILS

Course Name	_____	Course Type	_____
		Short	Occupational
Training Provider	_____	Higher Qual	
		Private Training Providers ONLY	
Location of Training Facility	_____	Course Cost per person	(as per attached receipt – does not include admin / Worksafe fees)
Course Start	_____	Course End	_____
		Course Duration (hours)	_____

2. SUBSIDY CALCULATION

Rate A	Duration (Hours)	_____	x	Hourly Rate	_____	=	_____	or
Rate B	Course Cost (per person)	_____	x	70%	_____	=	_____	
Subsidy Claim	Lower Rate (A or B)	_____	x	# Participants	_____	=	_____	

3. APPLICANT DETAILS

Applicant Name	Applicant Job e.g. dogger / painter	Project Name / Job Address JUST PRIOR TO COURSE (e.g. Gateway project, Elizabeth Quay, housing, offices)	Project / Contract Dates		Project Type (tick)		
			From	To	HOUSING	COMMERCIAL	ENGINEERING

4. EMPLOYER SURVEY

How would you rate your level of satisfaction with the subsidised training undertaken by your employee(s)?

Overall Satisfaction	Low	1	2	3	4	High	5
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5. DECLARATION

I/We declare the information given in this form is truthful, accurate and complete. I am/We are aware that giving false or misleading information may result in legal action. I/We understand that the final determination regarding eligibility rests with the Training Fund. I/We confirm that the account(s) submitted has been paid in full and the participants listed have successfully completed the course stated.

Signature _____

Name _____

Date _____



SUPPLEMENTARY SKILLS CLAIM
EMPLOYER – METRO TRAINING



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

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

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

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

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

PARTICIPANT 6					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 7					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 8					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 9					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 10					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	