



SUPPLEMENTARY SKILLS CLAIM INDIVIDUAL



How to Claim

1. Fill in the required details (1 to 5) on the Claim Form and read and sign the declaration.
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 303 CLOVERDALE WA 6985

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 (DL06) 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	YES	NO	<i>If No, Complete Sections 5 & 6 please complete a DL06 - Work History form and attach to this claim.</i>
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IF EMPLOYED - EMPLOYMENT TYPE (<i>tick one</i>)	
SELF EMPLOYED / CONTRACTOR Complete Section 5, 6 and DL22 –Self Employed Work History form and attach to this claim.	EMPLOYEE Complete Sections 3-6 of this form. Your nominated employer may be contacted for compliance purposes.

3. EMPLOYER DETAILS (employees only)

Employer's Business Name	Contact Name
Employer's Contact Phone #	Employer's Contact Email
Employment Start Date:	

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 DL06 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 (house / apartments)	Commercial building/s (warehouse / school / office)	Processing Infrastructure (power plant / waste water plant / material production)	Engineering works (roads / bridges / jetties)	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 (house / apartments)	Commercial building/s (warehouse / school / office)	Processing Infrastructure (power plant / waste water plant / material production)	Engineering works (roads / bridges / jetties)	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 (house / apartments)	Commercial building/s (warehouse / school / office)	Processing Infrastructure (power plant / waste water plant / material production)	Engineering works (roads / bridges / jetties)	Other			

COURSE DETAILS ON NEXT PAGE



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5. COURSE DETAILS *to receive a subsidy the surveys MUST be completed.*

Course Name																					
Course Start					Course End					Course (hours)	Duration										
Training Provider						Location of Facility	of			Training											
Overall Satisfaction with the course (tick one)	1					2					3					4					5
	<i>Low</i>															<i>High</i>					

ADDITIONAL COURSES

Course Name																					
Course Start					Course End					Course (hours)	Duration										
Training Provider						Location of Facility	of			Training											
Overall Satisfaction with the course (tick one)	1					2					3					4					5
	<i>Low</i>															<i>High</i>					

Course Name																					
Course Start					Course End					Course (hours)	Duration										
Training Provider						Location of Facility	of			Training											
Overall Satisfaction with the course (tick one)	1					2					3					4					5
	<i>Low</i>															<i>High</i>					

Course Name																					
Course Start					Course End					Course (hours)	Duration										
Training Provider						Location of Facility	of			Training											
Overall Satisfaction with the course (tick one)	1					2					3					4					5
	<i>Low</i>															<i>High</i>					

6. 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 #