



DIRECT INDENTURE CLAIM



HOW TO CLAIM IN 2 EASY STEPS

• Step 1

Fill in the required details for commencement, half way or completion claims (1 to 4) on the Claim Form and read and sign the declaration.

- **Apprentice / Trainee Signature** - *if in employment at time of completing form, MUST sign the claim form or have a copy of their most recent payslip attached. The signature / payslip of the apprentice / trainee is only for the Fund's verification process and not used for any other purposes.*

• Step 2

Send the completed Claim Form by 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 Construction Training Fund, your claim is assessed by a Program Administration Officer.

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 cheque payment will be generated in the name selected against the "cheque payable to" tick box and posted to the address identified on the claim form. Claimants should allow up to 30 working days to receive payment from the Training Fund.

Please note - claims for direct indenture must be submitted within 12 months of the completion / cancellation date of the apprenticeship / traineeship.

CLAIM CHECKLIST

- Completed and signed Claim Form.
- Copy of most recent payslip – *if employee signature can not be obtained*
- Copy of Graduate Award Certificate *if applicable*
- Work History Form *if applicable*

FURTHER INFORMATION

It is important that all claimants are familiar with the terms and conditions of the Construction Training Fund Direct Indenture program before submitting a claim. The grant provided to an employer is not an entitlement and the Training Fund **may be required to make adjustments to the value of the grant which may affect the amount, if any, paid to an eligible employer during the term of indenture.**

Please refer to the *Levy and Program Guidelines* document, which is available for review and download at bcitf.org/downloads. (Eligibility p 10; Direct Indenture program pp 11-15) Inquiries 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; pursuant to the Freedom of Information Act 1992; or in response to a subpoena..



DIRECT INDENTURE CLAIM



1. Employer Details

					Cheque payable to (tick one)
Trading Name					
Legal Name					
Contact Name		Phone			
Address (postal)*		Suburb/City		Post Code	
Email		A.B.N.			OFFICE USE ONLY Verified
Sector (majority of works)	HOUSING	COMMERCIAL	ENGINEERING CONSTRUCTION		

2. Apprentice/Trainee Details

Apprentice/Trainee Name	Trade	Date of Birth	Apprentice/Trainee Signature *or recent payslip	IF A TRANSFERRED APPRENTICE		
				Date Transferred to company	or	Date Transferred from company

3. Graduate Bonus – Commencements ONLY (check if any of the above have completed an eligible pre-apprenticeship or VET in Schools program)

- For employees with apprentices / trainees registered on or after **1st July 2014** who are graduates of an eligible pre-apprenticeship or VET in Schools program and were employed in a recognised trade within 12 months of completing the qualification, please provide a copy of the award certificate.

4. Declaration

By signing this declaration I / We are declaring the below statements are true and accurate at the date of signing:

- The employee/s included in this application and our company are **actively involved in on-site construction/installation activities or on-site fabrication and installation work**, in the building and construction industry in WA, on a continual basis for the major portion of our time.
- The employee/s included in the application was/were employed in the capacity of an apprentice / trainee in a training contract at **the time of signing this declaration or the transferred date nominated on this form**;
- Giving false or misleading information may result in legal action;
- I have read and understood the Construction Training Fund's Levy and Program Guidelines

Employer Name	Position Title	Signature	Date

Claims can be sent by any of the below methods:

Post
Po Box 303 CLOVERDALE WA 6985

Email
inquiries@bcitf.org

Fax
9244 0199