



SUPPLEMENTARY SKILLS INDIVIDUAL WORK HISTORY



HOW TO COMPLETE THIS FORM

- Complete details in Section 1 (*List multiple employers if necessary*)
- Complete all details in Section 2.
- Provide the sites that demonstrate you were directly employed in the construction industry in Western Australia for a minimum of six months, within 12 months prior to the date of course commencement.
- Read and sign the declaration.
- Return to the Construction Training Fund or Training Provider.

SECTION 1

| | | |
|-----------|--------------------|-------------------|
| Your Name | Your Email Address | Your Phone Number |
|-----------|--------------------|-------------------|

SECTION 2

| Employer Name | Office Number | Job type | | | | Your Job Role (e.g. rigger / bricklayer) | Job Description (e.g. house, office, warehouse, power plant) | Job Address | Job Location / Suburb | Job Start Date | Job End Date |
|---------------|---------------|----------|-----------|---------|----------|---|--|-------------|-----------------------|----------------|--------------|
| | | BUILD | FABRICATE | INSTALL | MAINTAIN | | | | | | |
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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 _____