

# DIRECT INDENTURE WORK HISTORY – HALF WAY AND COMPLETION CLAIMS

The Construction Training Fund must see the works during the period being claimed for that demonstrate primary and substantial, direct involvement in Western Australia’s construction industry, specifically in on-site construction, installation and/or fabrication activities.

## 1. COMPANY INFORMATION

Company Name	Phone Number:	Email Address:
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## 2. DATE INFORMATION

Half Way Instalment Date (half way point of the nominal term) <i>or</i> Completion Instalment Date (completion date) * <small>*grant reductions may apply if serving a term less than the nominated contract term see our guidelines for further information*</small>	
<b>WORK HISTORY TIMEFRAMES REQUIRED</b>	<b>Jobs from the 12 months prior to the above date</b>

## 3. Complete Work history Examples – Please nominate the number of **DAYS** your apprentice / trainee attended in each of the categories, by month below

Apprentice Name:						
MONTH	# days Installing on site	# days Maintaining on site	# days Servicing / Repairing in workshop / factory	# days Assembling in workshop / factory	Most Frequent Contractor Name/s <small>*nominate Private contracts if works are done for non-companies</small>	Site Types
<i>Example Jan 2017</i>	<b>5</b>	<b>12</b>	<b>1</b>	<b>2</b>	- <b>Construct Home Builders</b> - <b>ABC Builders</b>	- <b>Housing</b> - <b>Office</b>

**ADDITIONAL EXAMPLE SPACES ON FOLLOWING PAGE**



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Please nominate the number of **DAYS** your apprentice / trainee attended in each of the categories, by month below

MONTH	# days Installing on site	# days Maintaining on site	# days Servicing / Repairing in workshop / factory	# days Assembling in workshop / factory	Most Frequent Contractor Name/s <small>*nominate Private contracts if works are done for non-companies</small>	Site Types
<i>Example Jan 2017</i>	5	12	1	2	- <b>Construct Home Builders</b> - <b>ABC Builders</b>	- <b>Housing</b> - <b>Office</b>

*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 and confirm I/We have read and understood the Construction Training Fund's Levy and Program Guidelines*

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Signature (on behalf of the Company) Name Position Date

**Post:** PO Box 303, CLOVERDALE WA 6985

Please return this form to the Construction Training Fund by:

**Fax:** 9244 0199

**Email:** [inquiries@bcitf.org](mailto:inquiries@bcitf.org)