



SUPPLEMENTARY SKILLS SELF EMPLOYED WORK HISTORY



HOW TO COMPLETE THIS FORM

1. Complete details in Section 1
2. Complete details in Section 2 (provide project / works description for projects undertaken just prior to training course/s)
3. Read and sign Section 3

SECTION 1 – COMPANY DETAILS

Company Name	Your Name	A.B.N.	
Phone Number	Email		
Company Description <i>e.g. Roof tiling, Bricklaying, Surveying, Rigging</i>			

SECTION 2 – PROJECT / CONTRACT DETAILS

Name of Client / Contractor	Client / Contractors Contact Number or Email	Contract Dates from and to:				Project Name / Works Description OR Address <small>(e.g. Gateway project, Elizabeth Quay, housing, offices OR 40 Hasler Road)</small>	Location of Project / Works (suburb)	Project Type <small>(tick one)</small> <small>HO: HOUSING / CO: COMMERCIAL / EC: ENGINEERING CONSTRUCTION</small>		
		From		To						
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	
		From		To			HO	CO	EC	

SECTION 3 – DECLARATION

By signing below you are confirming the below statements are true and accurate at the date of submitting this claim:

- I have read the CTF Levy and Program Guidelines document and understand that CTF will assess the information provided in this application against the eligibility requirements documented in the Guidelines;
- The individuals and/or companies included in this application are actively and directly involved in the WA building and construction industry, performing on-site construction/installation activities; or on-site fabrication and installation work on a continual basis for the major portion of our time;
- I understand the value of the disbursement related to this application may be dependent on conditions outlined in the Guidelines document and that final determination regarding eligibility and the amount of disbursement made available rests with the CTF;
- I understand that CTF may require additional information and/or contact parties nominated in this application for compliance purposes;
- I understand that providing false or misleading information may result in CTF dismissing this claim and/or legal action.

Signature

Name

Date