GOVERNMENT OF WESTERN AUSTRALIA

SUPPLEMENTARY SKILLS
INDIVIDUAL WORK HISTORY

CTF

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
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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

Signature _____ **Name** _____ **Date** _____

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