

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>	
WORK HISTORY TIMEFRAMES REQUIRED	Jobs from the 12 months prior to the above date

3. Complete Work history Examples - Please nominate the number of **DAYS** your apprentice / trainee undertook by category, by month below

Apprentice Name:						
MONTH	# days Installing on site	# days Maintaining on site	# days Service / Repair 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>	15	12	1	2	<ul style="list-style-type: none"> - Construct Home Builders - ABC Builders 	<ul style="list-style-type: none"> - Housing - Office

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DIRECT INDENTURE WORK HISTORY – HALF WAY AND COMPLETION CLAIMS

Complete Work history Examples - Please nominate the number of **DAYS your apprentice / trainee undertook by category, by month below**

MONTH	# days Installing on site	# days Maintaining on site	# days Service / Repair 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>	15	12	1	2	- Construct Home Builders - ABC Builders	- Housing - Office

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 by me in this application against the eligibility requirements documented in the Guidelines;
- The apprentices/trainees and company 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;
- The apprentices/trainees included in this application was/were employed under the terms of a training contract lodged with the Department of Training and Workforce Development at the time of signing this declaration or the transferred date nominated on this form;
- 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 (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@ctf.wa.gov.au

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