

Important Information

The Construction Training Fund Accommodation Allowance is supplementary to that provided to eligible apprentices/trainees by the Department of Training and Workforce Development (DTWD). The final amount of assistance made available from the Training Fund to an eligible apprentice will be based on the amount paid for accommodation as noted on the invoice, less the amount of the allowance provided by DTWD and will not exceed \$70 per night's accommodation.

How to Claim

1. Fill in the required details (1 to 5) on the Claim Form, read and sign the declaration and provide to your training provider to read and sign the declaration.
2. Attach paid invoice(s) and payment receipt(s) from the accommodation provider to the completed Claim Form. Then send by either post, email or fax:

Post: Construction Training Fund
PO Box 303 CLOVERDALE WA 6985

Email
inquiries@ctf.wa.gov.au

Fax 9244 0199

How your claim is managed

When all required documentation is received by the Training Fund, your claim is assessed by the Program Administration Officer against eligibility criteria.

Your claim may be returned if all required documents are not submitted or if additional, supporting information is required.

Once your claim is approved, a payment will be generated in the name of the person and sent to the address identified on the claim form. Claimants should allow a minimum of ten working days to receive payment from the Training Fund.

Please note: claims for rebate must be submitted within 60 days of the date of the last day in the training period.

Claim Checklist

- Completed and signed (by applicant and RTO) Claim Form.
- Copy of invoice(s) and payment receipt(s).

Further Information

Information on the eligibility of applicants and trades can be found in the Training Fund's Guidelines located on the www.bcitf.org website downloads page or queries can be emailed to inquiries@ctf.wa.gov.au.

Use and disclosure of personal information

Any personal information we collect on this form will only be used or disclosed for the primary purpose from which it was collected.

In some limited circumstances, we may also need to use or disclose personal information for other specific purposes, for example where required to do so by law, for example pursuant to the Freedom of Information Act 1992 or in response to a subpoena.

APPRENTICE/TRAINEE DETAILS					
Surname				Given Name/s	
DOB		Mobile		Email	
Postal Address			Suburb		
Postcode		TRS ID		Employer Name	
TRAINING DETAILS					
Name of Training Provider:					
Location of Training Provider:			First Date of Training	Last Date of Training	
ACCOMMODATION DETAILS					
Name of Accommodation:					
Address:			Suburb:	Post Code:	
<i>Accommodation Dates - please list all the NIGHTS spent at accommodation eg 10/05/12, 11/05/12, 12/05/12</i>					
				TOTAL NIGHTS:	
APPRENTICE/TRAINEE DECLARATION					
By signing below, you are confirming the below statements are true and accurate at the date of submitting this claim:					
<ul style="list-style-type: none"> 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				Date	
1. TRAINING PROVIDER'S DECLARATION					
<i>Please use an organisation stamp to authenticate the attendance dates of training listed above.</i>					
The training dates listed above in Training Provider Details are correct				YES	NO
Number of authorised absent days, if any, in training dates listed above					
I declare the above details are correct and in accordance with RTO attendance records.					
Name of lecturer/authorised RTO Officer		Signature		Date	

Claims can be sent by any of the below methods:

Post:
Po Box 303 CLOVERDALE WA 6985

Email:
inquiries@ctf.wa.gov.au

Fax:
9244 0199

104 Belgravia Street, Belmont WA 6104 PO Box 303 Cloverdale WA 6985
T 9244 0100 F 9244 0199 E inquiries@ctf.wa.gov.au W ctf.wa.gov.au
Building and Construction Industry Training Fund ABN 38 618 436 303