



HOW TO CLAIM

1. Fill in the required details (1 to 4) on the Claim Form and read and sign the declaration.
2. Ensure participants complete the Survey.
3. Attach paid invoice(s) and / or payment receipt(s) from the private registered training provider, statement(s) of attainment/certificate(s), completed surveys 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

CALCULATING YOUR REBATE

The below table schedules provide the rates for course types funded:

Course Type	Description	Hourly Rate	Max Day Rate	Max per course
Short courses	Courses to upgrade the skills essential for employee work roles e.g. rigging, first aid, scaffolding, plant operations, excel	\$31	\$248	\$1,300
Occupational Licensing	Courses undertaken that result in or lead to a trade or occupational license.	\$15	\$120	\$500
Higher Qualifications	Courses undertaken that result in or lead to a Certificate IV / Diploma course.	\$15	\$120	\$1,300 \$1,100 *online

The course cost does not include additional fees or charges eg administration fees, book fees.

ELIGIBILITY IS DETERMINED AFTER A CLAIM IS RECEIVED – SEE OUR GUIDELINES FOR THE CRITERIA

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 made. Claimants should allow 30 days of all invoices and accurate documentation being received for payment from the Training Fund

Please note: claims for rebate must be submitted within 12 months of undertaking the course.

PAYMENT METHODS

- **Electronic Funds Transfer (EFT)** – Please complete page four (4) of this document to receive rebate by EFT;
- **Cheque** – If page four (4) of this document is not completed a cheque will be issued

CLAIM CHECKLIST

Completed and signed Claim Form.	Copy of statement(s) of attainment/certificate(s).
Completed Surveys.	GST compliant tax invoice from your company to the Construction Training Fund (subsidy rate plus GST).
Copy of invoice(s) and payment receipt(s).	

FURTHER INFORMATION

Information on the eligibility of companies and courses can be found in the Training Fund's Guidelines located on the ctf.wa.gov.au 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.



SUPPLEMENTARY SKILLS CLAIM
EMPLOYER – METRO TRAINING



COMPANY DETAILS

Business Name	_____	A.B.N.	_____
Phone	_____	Email	_____
Address (postal)	_____	Suburb/City	_____ Post Code _____

1. COURSE DETAILS

Course Name	_____	Course Type	_____
Training Provider	_____	Short	Occupational Higher Qual
Location of Training Facility	_____	Private Training Providers ONLY	
Course Start	_____	Course Cost per person (as per attached receipt – does not include admin / Worksafe fees)	_____
Course End	_____	Course Duration (hours)	_____

2. SUBSIDY CALCULATION

Rate A	Duration (Hours)	x	Hourly Rate	=	_____	or
Rate B	Course Cost (per person)	x	70%	=	_____	
Subsidy Claim	Lower Rate (A or B)			x	# Participants =	_____

3. APPLICANT DETAILS

Applicant Name	Applicant Job e.g. dogger / painter	Project Name / Job Address JUST PRIOR TO COURSE (e.g. Gateway project, Elizabeth Quay, housing, offices)	Project / Contract Dates		Project Type (tick)		
			From	To	HOUSING	COMMERCIAL	ENGINEERING

4. EMPLOYER SURVEY

How would you rate your level of satisfaction with the subsidised training undertaken by your employee(s)?

Overall Satisfaction	Low	1	2	3	4	High	5
----------------------	-----	---	---	---	---	------	---

5. 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

PARTICIPANT 1					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 2					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 3					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 4					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 5					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 6					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 7					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 8					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 9					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

PARTICIPANT 10					
Overall Satisfaction with the course <i>(please tick 1 = Low and 5 = High)</i>	1	2	3	4	5
How will you use the skills gained through this training? <i>(please tick)</i>	In your current employment			Upskilling	

It is hereby requested that all payments made by the Construction Training Fund for grants and rebates be made to the vendor listed below and credited to the following bank account:

Vendor Business Details:					
Australian Business Number (ABN):					
Registered Entity Name:					
Business Name / Trading Name:					
Postal Address			Suburb		
State		Postcode		Phone Number	

Vendor Business Bank Details					
Name of Bank			Branch		
Account Name					
BSB (bank, state, branch)			-	Account No.	

Vendor Business Remittance Details			
Please nominate the preferred method of receiving the remittance advice:			
EMAIL	<input type="checkbox"/>	FAX	<input type="checkbox"/>
Email Address			Fax Number

If neither of the above methods is indicated, the remittance advice will be issued via mail

Conditions of this agreement

- The Vendor is responsible for the accuracy and compliance of the above details with all applicable laws;
- The Vendor is responsible for notification in writing to the Construction Training Fund of any changes to the above details. Reasonable notice of change is required;
- The Construction Training Fund has the right to accept the authority of the undersigned as conclusive evidence of that person's authority to execute this agreement on behalf of the Vendor;
- The Construction Training Fund reserves the right to terminate or suspend this direct credit payment method and to pay by cheque or any other method which the Training Fund may determine from time to time;
- The Construction Training Fund will not be responsible for any delays in the payment or errors due to factors outside of its control including delays in the banking system or errors in the account details supplied;
- The Vendor agrees to repay the Construction Training Fund any payments credited to the vendor in error;

I, _____ In my capacity as _____
(Name of Authorised Representative) (Job title of authorised representative)

Being an Authorised Representative of the Vendor.

(Authorised Representative Signature)

I Hereby authorise the Construction Training Fund to pay amounts to the bank account indicated and send remittance advices via the method indicated. I read, understood and agree to the conditions above.

OFFICE USE ONLY	<input type="checkbox"/>	ENTERED		INITIALS	<input type="checkbox"/>	VERIFIED		INITIALS
-----------------	--------------------------	---------	--	----------	--------------------------	----------	--	----------