

How to Claim

1. Fill in the required details (1 to 5) on the Claim Form and read and sign the declaration.
2. Attach paid invoice(s) and 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

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 invoice(s) and payment receipt(s).
- Copy of statement(s) of attainment/certificate(s).
- IF EMPLOYED** (at time of training) - List project/s that demonstrate minimum of 3 months in the WA construction industry just PRIOR to course/s commencement
- IF SELF EMPLOYED / SUB-CONTRACTOR** - *attach a copy of DL04 – Self Employed work history demonstrating employment in the construction industry in Western Australia for a minimum of 3 months just prior to the date of course commencement.*
- IF UNEMPLOYED** - *attach a copy of your work history DL06 demonstrating employment in the construction industry in Western Australia for a minimum of six months within 12 months or a job offer from an employer prior to the date of course commencement.*

Further Information

Information on the eligibility of applicants 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 INDIVIDUAL



5. COURSE DETAILS *to receive a subsidy the surveys MUST be completed.*

Course Name										
Course Start			Course End			Course (hours)		Duration		
Training Provider				Location of Training Facility						
Overall Satisfaction with the course (tick one)			1		2		3		4	5
			<i>Low</i>					<i>High</i>		
How will you use the skills gained through this training?				1 <i>In current employment</i>			2 <i>Upskilling</i>			

ADDITIONAL COURSES

Course Name										
Course Start			Course End			Course (hours)		Duration		
Training Provider				Location of Training Facility						
Overall Satisfaction with the course (tick one)			1		2		3		4	5
			<i>Low</i>					<i>High</i>		
How will you use the skills gained through this training?				1 <i>In current employment</i>			2 <i>Upskilling</i>			

Course Name										
Course Start			Course End			Course (hours)		Duration		
Training Provider				Location of Training Facility						
Overall Satisfaction with the course (tick one)			1		2		3		4	5
			<i>Low</i>					<i>High</i>		
How will you use the skills gained through this training?				1 <i>In current employment</i>			2 <i>Upskilling</i>			

Course Name										
Course Start			Course End			Course (hours)		Duration		
Training Provider				Location of Training Facility						
Overall Satisfaction with the course (tick one)			1		2		3		4	5
			<i>Low</i>					<i>High</i>		
How will you use the skills gained through this training?				1 <i>In current employment</i>			2 <i>Upskilling</i>			

6. 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

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

Person Details:						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
Family Name						
First Given Name						
Address				Postcode		
Phone Number			Email			

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

Person 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, _____
(Name of Authorised Representative)

(Authorised Representative Signature)

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
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