

CLAIMING

Page 1 – Employer completes Claim details, reads and signs the declaration;

Page 2 - Ensure each participant being claimed for completes a Participant detail (page 2);

Page 3 – Complete EFT details *(if not previously provided)*

Attachments

- Paid invoice(s) and / or payment receipt(s) from the private registered training provider;
- Statement(s) of Attainment/Certificate(s)

Post: Construction CTF
PO Box 303 CLOVERDALE WA 6985

Email
inquiries@ctf.wa.gov.au

Fax
9244 0199

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

HOW YOUR CLAIM IS MANAGED

1. When all required documentation is received by the CTF, 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.

2. Once your claim is approved, a request for a GST compliant tax invoice will be requested by email;
3. Payment will be made from 30 days of all invoices and accurate documentation being received

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

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.

The CTF has now launched an online portal where all claims can be lodged electronically. Please see ctf.wa.gov.au – login page for more information.



**SUPPLEMENTARY SKILLS CLAIM
EMPLOYER**



CLAIM DETAILS

COMPANY DETAILS

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

COURSE DETAILS

Course Name	_____				
Training Provider	_____		Training Suburb	_____	
No. of Participants	_____	Cost Per Participant	_____	Duration in Hours	_____

EMPLOYER SURVEY

How would you rate your level of satisfaction with the subsidised training undertaken by your employee(s)?					
Overall Satisfaction	Low				High
	1	2	3	4	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 DETAILS

PRINT MULTIPLE IF THERE ARE MULTIPLE PARTICIPANTS

First Name		Last Name		Date of Birth		Email*MANDATORY*				
Job Role			Job Location (suburb)			Job Address (Street / Project Title)				
Job Description (building / structure type purpose)										
Houses	Shops	Religious	Harbours	Mining	Drainage of Land	Pile Driving Pile	Telecommunications	Recreation	Other Residential Buildings	
Pool/s	Offices	Health	Water Storage & Supply	Pipelines	Engineering /Railways	Electricity	Storage for Liquids or Gases	Factories	Other Business Premises	
Hotels	Educational	Bridges	Sewerage & Drainage	Navigational Lights	Airports	Roads, Highways & Subdivisions	Entertainment & Recreational	Other Heavy Industry	Other	
Job Type:										
Construction		Demolition		Maintenance / Repairs		Installation		Reconstruction		Renovation / Alterations or Extensions / Additions
Sector:	Housing		Commercial			Engineering		Resources		

Survey

Overall Satisfaction with the course:				
1	2	3	4	5
How will you use the skills gained through this training				
In current employment			Upskilling	

It is hereby requested that all payments made by the Construction CTF 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:			
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 CTF of any changes to the above details. Reasonable notice of change is required;
- The Construction CTF 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 CTF reserves the right to terminate or suspend this direct credit payment method and to pay by cheque or any other method which the CTF may determine from time to time;
- The Construction CTF 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 CTF any payments credited to the vendor in error;

I Hereby authorise the Construction CTF 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.

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

Being an Authorised Representative
of

(Vendor Business Name)