

## DIRECT INDENTURE CLAIM PROCESS

### Employer support

The Construction Training Fund makes three payments to an employer during an apprenticeship:

- i) Six months after the start;
- ii) at the mid-point; and
- iii) on completion of the apprenticeship.

### How to claim

Tick (✓) the relevant box for i) commencement; ii) mid-point; or iii) completion claim payment on the Claim Form and read and sign the declaration. If the apprentice or trainee is employed with you at the time of completing this form, they MUST either sign the Claim Form or you can attach a copy of their most recent payslip. The signature and/or payslip is only for CTFs verification process and will not be used for any other purpose.

Send the completed Claim Form to CTF by post, email or fax.

Post	Construction Training Fund PO Box 303 CLOVERDALE WA 6895
Email	<a href="mailto:inquiries@ctf.wa.gov.au">inquiries@ctf.wa.gov.au</a>
Fax	9244-0199

### How your claim is managed

When all required documentation is received, CTF will assess your claim against eligibility criteria. Your claim may be returned if all required documents are not submitted or if additional information is required. Once your claim is approved, a payment will be made. Claimants should allow up to 30 days for CTF to process and make your payment.

*(Note: Claims can only be made up to 12 months after a due date. Claims made after this time will not be honoured)*

### Payment methods

There are two methods of payment:

- Electronic Funds Transfer (EFT) Please complete page 3; OR
- Cheque If page 3 is not completed, a cheque will be issued.

### Claim checklist

- i) Completed and signed Claim Form
- ii) Copy of apprentice/trainees most recent payslip (only if employee signature cannot be obtained)
- iii) Copy of Graduate Award Certificate (if applicable)
- iv) Work History Form (if applicable)

### Further Information

It is important that all claimants are familiar with the terms and conditions of the CTFs direct indenture program before submitting a claim. The grant provided to an employer is not an entitlement and CTF may be required to make adjustments to the value of the grant which may affect the amount paid to an eligible employer during the term of indenture.

Please refer to the Levy and Program Guidelines document, which is available for review and download on CTFs webpage [www.ctf.wa.gov.au](http://www.ctf.wa.gov.au)

[https://ctf.wa.gov.au/wp-content/uploads/2018/10/Levy\\_Program\\_Guidelines\\_October\\_2018.pdf](https://ctf.wa.gov.au/wp-content/uploads/2018/10/Levy_Program_Guidelines_October_2018.pdf)

### Use and disclosure of personal information

Any personal information will only be used or disclosed for the primary purpose for 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; pursuant to the Freedom of Information Act 1992; or in response to a subpoena.

## DIRECT INDENTURECLAIM

### Employer Details

				Payable to (tick one)	
Trading Name					<input type="checkbox"/>
Legal Name					<input type="checkbox"/>
Contact Name			Phone		
Address (postal)*			Suburb/City	Post Code	
Email			A.B.N.		
<b>OFFICE USE ONLY</b> Verified					
Sector (majority of works)	HOUSING <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	ENGINEERING CONSTRUCTION <input type="checkbox"/>		
Claim type	START <input type="checkbox"/>	MID-POINT <input type="checkbox"/>	COMPLETION <input type="checkbox"/>		

### Apprentice/Trainee Details

Apprentice / Trainee Name	Trade	Date of Birth	Apprentice/Trainee Signature *or recent payslip	IF A TRANSFERRED APPRENTICE		
				Date Transferred to company	or	Date Transferred from company

Commencements ONLY – Graduates Bonus (check the box below if any of the above have completed an eligible pre-apprenticeship or VET in Schools program)

<input type="checkbox"/>	For employees with apprentices / trainees registered on or after <b>1st July 2014</b> who are graduates of an eligible pre-apprenticeship or VET in Schools program and were employed in a recognised trade within 12 months of completing the qualification, please provide a copy of the award certificate.
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### 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 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.

Employer Name	Position Title	Signature	Date

## EFT VENDOR APPLICATION FORM

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
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