



CTF CLAIM PRIVATE PARTICIPANT FORM

Please provide the sites that demonstrate you were directly employed in the construction industry in Western Australia. ***MANDATORY*** PLEASE COMPLETE ALL FIELDS ON THE FORM FRONT AND BACK **(INCOMPLETE FORMS WILL NOT BE ACCEPTED)**.

Course Title			
Duration (hours)			
Date			
Participant Information			
Participant Full Name			
Date of Birth		USI	
Email			
Contact Number		Mobile number	
Employment Status			
<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	
Employers Details			
Company Name			
Employer Name			
Employer Contact Number			
Employers Email			
Company Address			
Construction Site Information			
(at least 5 days of work to be substantial- within the month prior to or during training)			
Project Name			
Site Full Address			
Lead Contractor			
Job Role			
Description of Works			
Site Start Date			
Site Finish Date			

To be eligible for the construction training fund, you **MUST** have completed at least 5 days of on-site work, within the month prior to the course. If you have worked on multiple jobs or locations, please provide the addresses of all the sites you have visited.

Construction Site Information #2	
Project Name	
Site Full Address	
Lead Contractor	
Job Role	
Description of Works	
Site Start Date	
Site Finish Date	
Construction Site Information #3	
Project Name	
Site Full Address	
Lead Contractor	
Job Role	
Description of Works	
Site Start Date	
Site Finish Date	
Construction Site Information #4	
Project Name	
Site Full Address	
Lead Contractor	
Job Role	
Description of Works	
Site Start Date	
Site Finish Date	

Construction Site Information #5

Project Name	
Site Full Address	
Lead Contractor	
Job Role	
Description of Works	
Site Start Date	
Site Finish Date	

MANDATORY PLEASE COMPLETE ALL FIELDS ON THE FORM FRONT AND BACK (**INCOMPLETE FORMS WILL NOT BE ACCEPTED**).

Job Type: Please tick one				
<input type="checkbox"/> Construction		<input type="checkbox"/> Demolition		
<input type="checkbox"/> Installation		<input type="checkbox"/> Reconstruction		
<input type="checkbox"/> Maintenance/Repairs		<input type="checkbox"/> Renovation / Alterations or Extensions / Additions		
Sector: Please tick one				
<input type="checkbox"/> Housing	<input type="checkbox"/> Commercial	<input type="checkbox"/> Engineering	<input type="checkbox"/> Resources	
Job Description (building / Structure type purpose)				
<input type="checkbox"/> Houses	<input type="checkbox"/> Offices	<input type="checkbox"/> Other Residential Buildings	<input type="checkbox"/> Water Storage & Supply	<input type="checkbox"/> Engineering / Railways
<input type="checkbox"/> Pool/s	<input type="checkbox"/> Educational	<input type="checkbox"/> Pipelines	<input type="checkbox"/> Entertainment & Recreational	<input type="checkbox"/> Roads, Highways & Subdivisions
<input type="checkbox"/> Hotels	<input type="checkbox"/> Religious	<input type="checkbox"/> Mining	<input type="checkbox"/> Navigational Lights	<input type="checkbox"/> Sewerage & Drainage
<input type="checkbox"/> Shops	<input type="checkbox"/> Harbours	<input type="checkbox"/> Pile Driving Pile	<input type="checkbox"/> Drainage of Land	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Bridges	<input type="checkbox"/> Factories	<input type="checkbox"/> Recreation	<input type="checkbox"/> Storage for Liquid or Gases	<input type="checkbox"/> Transmission / Power Distribution
<input type="checkbox"/> Airports	<input type="checkbox"/> Health	<input type="checkbox"/> Other Business Premises	<input type="checkbox"/> Other Heavy Industry	
If you ticked other please specify:				

By signing this form, you are confirming that what you have supplied is truthful, accurate and complete, that giving false or misleading information may result in legal action and that you understand the final determination regarding eligibility rests with the Training Fund. Should the CTF deny the claim you agree that you will be responsible for payment of the remainder of our fee.

THE QUALITY OF YOUR TRAINING

COMPULSORY – Please complete the following survey to receive the Construction Training Fund Subsidy:

RTO Name: WA Advanced Training Academy	Course Title:				
Overall Satisfaction with the course: (Please circle 1 = low & 5 = high)	1	2	3	4	5
How will you use the skills gained through this training? (Please circle one)	1	In your current employment	2	Upskilling	

Print Name:	
Signed:	Date:

***PLEASE COMPLETE ALL FIELDS ON THE FORM FRONT AND BACK (INCOMPLETE FORMS WILL NOT BE ACCEPTED).**

All applications will need to be lodged at least one week before the start date of your course to emma@waata.com.au, Please allow **3** business working days for a response on your application.