



BUILDING AND CONSTRUCTION INDUSTRY TRAINING FUND

ASSISTING THE BUILDING AND CONSTRUCTION INDUSTRY TO HAVE AN ADEQUATE NUMBER OF SKILLED PEOPLE AVAILABLE

SUPPLEMENTARY SKILLS PROGRAM

INDIVIDUAL TRAINEE ATTENDANCE ADVICE

This statement is to be completed by all eligible persons attending training courses which are subsidised by the BCITF

TRAINEE DETAILS

Name	
Date of Birth	Drivers Licence No.
Other ID (if no Drivers Licence)	
Address	
Suburb/Town	Post Code
Phone	

EMPLOYER DETAILS (please advise if self-employed)

Employer name				
Self Employed	Yes		No	Business Name
Position/Job				

OR - IF UNEMPLOYED:

I have been previously employed in the Building and Construction Industry of Western Australian on a full time basis within the last 12 months.

Previous Employer Name
Date Ceased Employment
Position/Job

TRAINEE DECLARATION

I declare that the information supplied above is correct

Signature _____ Date _____

TRAINING PROVIDER DECLARATION

I declare that the applicant was made aware of the eligibility criteria for the BCITF training subsidy prior to completing this form and that the information supplied by the applicant was completed during this training course and to my knowledge is correct.

Signature _____ Date _____