



BUILDING AND CONSTRUCTION INDUSTRY TRAINING FUND

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

## SUPPLEMENTARY SKILLS PROGRAM

### TRAINING ASSISTANCE CLAIM FORM – EMPLOYERS

#### EMPLOYER DETAILS

Name		
Address		
Suburb/Town	Post Code	ABN No.
Contact Person		Phone

#### COURSE INFORMATION

Course	
Course Training Provider	
Course Commencement Date	Duration
Qualification Attained	
(eg. Certificate of Completion; Certificate I, II, III or IV)	

#### BCITF SUBSIDY

BCITF Subsidy Rate \$	Number of Participants
<b>Total Claimed \$</b>	

Nominate the building and construction sector in which you are involved

<b>HOUSING</b>	<b>COMMERCIAL</b>	<b>ENGINEERING</b>

I declare that the information detailed in this claim form and in the attached Course Participant Schedule form is a correct record of the training undertaken.

Name	Date
Signature	

**BCITF subsidies will only be paid on completion of the course.** Forward this claim form together with a Course Participant Schedule form and a copy of the receipt for the course fees to:

**BCITF  
PO BOX 746  
WEMBLEY WA 6913**