



ACT BUILDING AND CONSTRUCTION INDUSTRY



**TRAINING FUND  
AUTHORITY**

## Application for funding from the ACT Building and Construction Industry Training Fund Authority for On-the-Job Training Incentive

Year in which Incentive funding will apply **20** \_\_\_\_\_

Please indicate to which **TRADE** funding will apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> SOLID PLASTERING           | <input type="checkbox"/> GLASS AND GLAZING       | <input type="checkbox"/> REFRIGERATION AND AIR-CONDITIONING |
| <input type="checkbox"/> WALL AND FLOOR TILING      | <input type="checkbox"/> HORTICULTURE (TURF)     | <input type="checkbox"/> CIVIL CONSTRUCTION                 |
| <input type="checkbox"/> HORTICULTURE (LANDSCAPING) | <input type="checkbox"/> CABINET MAKING          | <input type="checkbox"/> SIGNAGE                            |
| <input type="checkbox"/> BRICKLAYING / BLOCKLAYING  | <input type="checkbox"/> PAINTING AND DECORATING | <input type="checkbox"/> STONEMASONRY                       |
| <input type="checkbox"/> WALL AND CEILING LINING    |  |   |

Name of Organisation or Business applying for Funding \_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**On behalf of the organisation or business applying for the On-the-Job Training Incentive I declare that the information specified in this application is correct.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Tax Invoice** (Upon payment, this application form becomes a tax invoice)

ABN No. \_\_\_\_\_

Total Incentive Funding requested \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

**TOTAL FUNDING REQUESTED** \$ \_\_\_\_\_

**Please complete and fax to 02 6257 5058**





ACT BUILDING AND CONSTRUCTION INDUSTRY



**TRAINING FUND  
AUTHORITY**

**Name of Apprentice** \_\_\_\_\_

TaTE Rego # \_\_\_\_\_

Apprenticeship \_\_\_\_\_ Year \_\_\_\_\_

Date Apprenticeship Commencement \_\_\_\_\_

Period of Claim \_\_\_\_\_ to \_\_\_\_\_

Incentive Funding Claimed \$ \_\_\_\_\_

**Name of Apprentice** \_\_\_\_\_

TaTE Rego # \_\_\_\_\_

Apprenticeship \_\_\_\_\_ Year \_\_\_\_\_

Date Apprenticeship Commencement \_\_\_\_\_

Period of Claim \_\_\_\_\_ to \_\_\_\_\_

Incentive Funding Claimed \$ \_\_\_\_\_

**Name of Apprentice** \_\_\_\_\_

TaTE Rego # \_\_\_\_\_

Apprenticeship \_\_\_\_\_ Year \_\_\_\_\_

Date Apprenticeship Commencement \_\_\_\_\_

Period of Claim \_\_\_\_\_ to \_\_\_\_\_

Incentive Funding Claimed \$ \_\_\_\_\_

**Name of Apprentice** \_\_\_\_\_

TaTE Rego # \_\_\_\_\_

Apprenticeship \_\_\_\_\_ Year \_\_\_\_\_

Date Apprenticeship Commencement \_\_\_\_\_

Period of Claim \_\_\_\_\_ to \_\_\_\_\_

Incentive Funding Claimed \$ \_\_\_\_\_

**Please complete and fax to 02 6257 5058**

