



ACT BUILDING AND CONSTRUCTION INDUSTRY



**TRAINING FUND
AUTHORITY**

Application Form for a Funding Grant to provide the following training

Name of Organisation or Business applying for Funding:

Contact Person _____

Street Address _____

State _____ Postcode _____

Postal Address _____

State _____ Postcode _____

Telephone _____ Fax _____

Email _____ ABN _____

**Name of Registered Training Organisation (RTO), applying for
the Funding Grant or name of RTO providing the Training:**

National Registration Number _____

Contact Person _____

Street Address _____

State _____ Postcode _____

Postal Address _____

State _____ Postcode _____

Telephone _____ Fax _____

Email _____ ABN _____

Office Use Only

TFA Registration No. _____

TFA Funding per Applicant \$ _____

Please complete and fax to 02 6257 5058





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**TRAINING FUND
AUTHORITY**

Year in which Incentive funding will apply 20 _____

Please indicate by ticking in which PROGRAM training will be conducted:

- Up-skilling and Professional Development Training Program**
- Entry Level Training Program**

Please indicate by ticking in which SECTOR training will be undertaken:

- Civil Engineering Sector**
- General Construction Sector**
- Plumbing Sector**
- Electrical/Data Communication/Electronics Sector**
- Financial, Business and Management Sector**
- Occupational Health and Safety Sector**

Type of Certification Issued (Please tick box, if unknown check with RTO)

- Certificate of Attendance**
- Certificate of Attainment**
- Certificate of Completion**
- Other**

Proposed Commencement Date of Course _____

Proposed Completion Date of Course _____

NAME OF TRAINING COURSE _____

COURSE HOURS PER APPLICANT _____

COURSE COST PER APPLICANT \$ _____

NUMBER OF APPLICANTS _____

On behalf of the organisation applying for the funding grant,

I declare that the information specified in this application is correct.

Print Name _____

Signature _____

Date _____

Please complete and fax to 02 6257 5058

