

TRAINING SUBSIDY APPLICATION FORM (EMPLOYERS)

REV#2016-1



NOTE: This is an employer form to be filled out by employers. Please PRINT all details on this form clearly.

Company Name: _____

Postal Address: _____

_____ Post Code: _____

CIRT ID #: _____

Contact Name: _____

Contact Phone Number: _____ Email: _____

Where did you hear about JETCO? ETU MEA OTHER

BANK ACCOUNT DETAILS FOR PURPOSES OF ELECTRONIC REIMBURSEMENT

ACCOUNT NAME: _____

BANK: _____ BRANCH: _____

BSB NUMBER: _____ ACCOUNT NUMBER: _____

TRAINING PROGRAM DETAILS

Training Provider: _____

Training Course: _____

Start Date: ___/___/___ Finish Date: ___/___/___ Total Cost of Training: \$ _____

Are you receiving or going to receive any additional subsidies for the training program detailed above? Yes No

If **Yes** how much \$ _____

Attachments Required (Please provide a **COPY - NOT ORIGINALS** of the following documents)

Invoice and Receipt

Completion certificate or Ticket

I hereby certify that all details are true and correct, and give authority for CIRT to provide balance and employer contribution data to the subsidy approving body to enable analysis against eligibility criteria.

NB: Eligibility rules are available on the CIRT and JETCO website: www.cirt.com.au/jetco

APPLICANT'S SIGNATURE: _____ DATE: ___/___/___

(FOR OFFICE USE ONLY)

AMOUNT APPROVED: \$ _____ APPROVED BY: _____ DATE: ___/___/___