



EMPLOYEE TRAINING SUBSIDY APPLICATION FORM

Post or Email To:
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Email: enquiries@jetco.asn.au

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

MEMBER DETAILS

| | | | | | |
|-------------------|----------------------|------------------|----------------------|-----------|----------------------|
| CIRT ID: | <input type="text"/> | Employee's Name: | <input type="text"/> | | |
| Postal Address: | <input type="text"/> | | | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> | Postcode: | <input type="text"/> |
| Date of Birth: | <input type="text"/> | Phone Number: | <input type="text"/> | | |
| Email: | <input type="text"/> | | | | |
| Current Employer: | <input type="text"/> | | | | |

Where did you hear about JETCO? ETU MEA OTHER

PAYMENT DETAILS

PROVIDE BANK ACCOUNT DETAILS FOR PURPOSES OF ELECTRONIC REIMBURSEMENT

Reimbursements are usually paid on the last working day of the week.

| | | | | | |
|---------------|----------------------|-----------------|----------------------|--|--|
| Account Name: | <input type="text"/> | | | | |
| Bank: | <input type="text"/> | Branch: | <input type="text"/> | | |
| BSB Number: | <input type="text"/> | Account Number: | <input type="text"/> | | |

TRAINING PROGRAM DETAILS

| | | | | | |
|--------------------|----------------------|--------------|----------------------|-------------------|-------------------------|
| Training Provider: | <input type="text"/> | | | | |
| Training Course: | <input type="text"/> | | | | |
| Start Date: | <input type="text"/> | Finish Date: | <input type="text"/> | Cost of Training: | \$ <input type="text"/> |

Are you receiving or going to receive any additional subsidies from your employer, any other individual or organisation 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

DECLARATION

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:

www.cirt.com.au

Applicant's Signature: Date:

(FOR OFFICE USE ONLY)

Amount Approved: \$ Approved By: Date: