



EMPLOYER TRAINING SUBSIDY APPLICATION FORM

Post or Email To:
GPO Box 701
Brisbane QLD 4001

Email: enquiries@jetco.asn.au

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

EMPLOYER DETAILS

CIRT ID:	<input type="text"/>	Company Name:	<input type="text"/>		
Postal Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Contact Name:	<input type="text"/>	Contact Phone Number:	<input type="text"/>		
Email:	<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 for the training program detailed above?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes how much	<input type="text"/> \$						

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 website: www.cirt.com.au

Applicant's Signature:	<input type="text"/>	Date:	<input type="text"/>
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(FOR OFFICE USE ONLY)

Amount Approved:	<input type="text"/> \$	Approved By:	<input type="text"/>	Date:	<input type="text"/>
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