

TRAINING SUBSIDY APPLICATION FORM (EMPLOYEES)

VALID FOR SUBMISSION UNTIL 31 DEC 2016



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

Applicants Name: _____

Postal Address: _____

_____ Post Code: _____

Date of Birth: ____/____/____ CIRT Number: _____

Contact Phone Number: _____ Email: _____

Current Employer: _____

Where did you hear about JETCO? ETU ☐ MEA ☐ OTHER ☐

BANK ACCOUNT DETAILS FOR PURPOSES OF ELECTRONIC REIMBURSEMENT

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

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 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**

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: ____/____/____