

# Employee Training Subsidy Application Form



**NOTE:** This is an employee form to be filled out by employees.  
When completing this form, please use black pen and print in CAPITAL letters.

## Member Details

Member Number	Mr/Mrs/Miss/Ms	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Date of Birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Email address	
<input type="text"/>	<input type="text"/>	
Current Employer		
<input type="text"/>		
Are you an Apprentice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please state the year of your apprenticeship <input type="text"/>	

## Payment Details

### PROVIDE BANK ACCOUNT DETAILS FOR PURPOSES OF ELECTRONIC REIMBURSEMENT.

Please also provide a copy of the top section of a Bank Statement for the account (showing BSB, account number and your name) in which the funds are to be paid. The bank statement should be current (within the last 6 months of issue).

Account Name	<input type="text"/>
BSB Number	<input type="text"/>
Account Number	<input type="text"/>

## Identification Details

Please supply a certified copy of an identification document (i.e. driver licence or passport)

OR authorisation to electronically verify your details.

I consent to the details provided being used to electronically verify my identity.  
Please note that we will use these details to check the information with the Official Record Holder.

Australian Passport No	<input type="text"/>	
<u>OR</u>		
Driver Licence No	State	Card Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Training Program Details

Training Provider		
<input type="text"/>		
Training Course		
<input type="text"/>		
Start Date	Finish Date	Cost of Training
<input type="text"/>	<input type="text"/>	\$ <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 <input type="checkbox"/>	No <input type="checkbox"/>
If YES how much	\$ <input type="text"/>	

**Attachments Required** *(Please provide copies of the following documents)*

- Invoice and Receipt
- Completion certificate or Ticket
- Apprentices to supply a copy of their training contract (as proof of apprenticeship)

**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](http://www.cirt.com.au)

Applicant's Signature



Date

Post or email this form to:  
JETCO Administration GPO Box 701, Brisbane Qld 4001

**Phone** 1300 200 123  
**Email** [enquiries@jetco.asn.au](mailto:enquiries@jetco.asn.au)

