

TRAINING SUBSIDY ELIGIBILITY CHECKLIST

Company: _____ Telephone: _____

Address: _____ Facsimile: _____

_____ Email: _____

Contact: _____ Web: _____

Please print

Employee Name	Employee Position Title/Role	Status F/T P/T Casual	D.O.B	Date employed	Highest qualification obtained (Yr 11, 12, cert I, II, III, IV, diploma, degree etc)	when qualification was obtained
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

On completion of this form, please fax back to 1300 139 754.