

Training and skills support – Application form

Please note: Receipt of this subsidy/assistance may affect Commonwealth Support Payments (either in full or in part). It is the applicant’s responsibility to make enquires with Centrelink on the impact of payments under the Workers Assistance Scheme prior to applying for assistance

Eligibility requirements

- Proof of employee identity (*acceptable forms of ID are drivers licence or birth certificate as well as Medicare card*)
- Proof of course details, including, dates, costs and training provider
- Proof of ordinary time earnings (payslips) and Sibelco leave approval, if claiming compensation for unpaid leave to undertake approved training prior to retrenchment

Training must meet the below definition of approved training:

Training that provides links to career options for affected workers. This training should align with the eligible worker’s individual employment goals, as discussed and approved with the Employment Services Manager (ESM).

Applicant information

<i>Office use only - ESM to complete</i>		Sibelco employee number:
Case number:		
Title:	Surname:	Given name(s):
Date of birth:		
Home address:		
Home phone:		Mobile:
Email:		

Course information

Course title:		
Qualification:	Cost:	
Start date:	End date:	
Provider name:		
Provider address:		
Provider email:	Provider phone:	
<i>Office use only - ESM eligibility assessment</i>	Yes	No

Compensation for unpaid leave to undertake approved training prior to retrenchment

Compensation is available for unpaid leave to attend approved training. A maximum of four weeks ordinary time earnings per worker may be claimed.

Are you claiming compensation for required leave without pay to undertake training prior to being made redundant by Sibelco?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has unpaid leave to undertake training been approved by Sibelco?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a Training and Skills Support or Job Search Support application for this training been approved? Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Office use only - ESM eligibility assessment</i>	Yes	No

Leave dates: <input style="width: 80%;" type="text"/>	Hours of leave: <input style="width: 80%;" type="text"/>	Ordinary hours worked per week: <input style="width: 80%;" type="text"/>
Hourly rate (\$): <input style="width: 80%;" type="text"/>	Compensation amount (\$): <input style="width: 80%;" type="text"/>	

Applicant bank details

Account name:	
BSB:	Account number:

Applicant declaration

Privacy Statement: The Department of State Development collects your personal information in order to provide assistance under the North Stradbroke Island Workers Assistance Scheme (WAS). The Department of State Development will forward your information to Queensland Treasury for the purpose of administering the WAS. Your information may also be provided to other Queensland agencies, agencies of other States, Australian Government agencies, local government and non-government organisations including business entities, for the purpose of administering the WAS. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

I, _____ (applicant's full name) hereby declare that the information I have provided is true and correct and that I have not previously applied for or received the same assistance measure under the WAS. I understand giving false or misleading information to obtain a benefit from the Queensland Government is fraudulent and may contravene section 408C of the Queensland Criminal Code.

I understand that the receipt of this subsidy/assistance may affect Commonwealth Support Payments (either in full or in part) and it is my responsibility to make enquires with Centrelink on the impacts of payments under the WAS prior to applying for assistance.

I understand that direct debit payments will be made within 14 business days of the submission of application form and supporting documentation from the Employment Services Manager to Queensland Treasury.

I agree to repay any subsidy/assistance or overpayment made as a result of my providing incorrect information or being found to be ineligible and the Queensland Government may refer cases of suspected fraud to the Queensland Police Service for investigation.

Applicant Name	Applicant Signature	Date
Witness Name	Witness Signature	Date

OFFICE USE ONLY: *ESM Checklist - Confirm each item if applicable*

	Yes	No	N/A
Proof of payment, if course undertaken and payment is in arrears			
Case number assigned			
Copy of drivers licence or birth certificate attached			
Copy of medicare card attached			
Is the training subsidised through the Annual VET Investment Plan?			
Does training meet the approved training definition?			
Copy of course details attached			
Has the employee been made redundant by Sibelco?			
Is compensation for leave without pay to undertake training being claimed?			
Copy of payslip attached			
Copy of Sibelco approval attached			

Notes: