



Form D Variation

TRAINING COURSE VARIATION FORM 2020-2021

Completed forms to be emailed to Holly Willcox at hollyw@citb.org.au. Applications will be processed within 5 to 10 business days.

Organisation Name:				
Contact Name:		Email		
1. Request for additional training places/funding:				
Service ID	Course name	CITB Subsidy \$	Additional places requested	Additional funding requested \$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL ADDITIONAL PLACES / FUNDING REQUESTED:				\$
2. Vary a course				
Service ID	Course name			

Change request:

- | | | |
|--|--|---|
| <input type="checkbox"/> Course hours | <input type="checkbox"/> Course Information | <input type="checkbox"/> Method of delivery |
| <input type="checkbox"/> Course objectives | <input type="checkbox"/> Pre-requisite information | <input type="checkbox"/> Other |

Current :	Proposed :
Additional information: Please outline the reasons for your request	
I, (print name)	
ON BEHALF OF (print organisation's name)	
DECLARE that the above information is true and correct	
SIGNATURE:	DATED:
CITB Administration Only	
Variation approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Holly Willcox CITB Quality Manager, Construction Skills Training	
SIGNATURE:	DATED: