



# Form D Variation

## TRAINING COURSE VARIATION FORM

Construction Industry Training Board

ABN 39 817 133 546

78 Richmond Road  
Keswick SA 5035

P: 08 8172 9500

1800 739 839

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[citb.org.au](http://citb.org.au)



**Completed forms** to be emailed to Holly Willcox at [hollyw@citb.org.au](mailto:hollyw@citb.org.au). Applications will be processed within 5 to 10 business days.

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

Change request:

Course hours

Course Information

Method of delivery

Course objectives

Pre-requisite information

Other

Current :	Proposed :
<b>Additional information:</b> 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: .....
<b>CITB Administration Only</b>	
Variation approved: Yes      No	Notes:
Holly Willcox CITB Quality Manager, Construction Skills Training	
SIGNATURE: .....	DATED: .....