HEAD CONTRACTOR APPLICATION

TRAINING RATE VARIATION / APPEAL REQUEST FORM

REQUEST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application type** | Variation | | Appeal | |
| **Requested training rate** | 10% | 5% | 2% | 0% |
| Other, please specify | | | |
| **Period of variation** | 1 year – from        to | | 2 years – from        to | |
| Whole of contract | | Other, please specify | |

CONTRACT DETAILS

|  |  |  |
| --- | --- | --- |
| **Contract name** | | **Contract number** |
| **Contractor name** | | **Contact person** |
| **Email** | | **Telephone** |
| **Contract award date** | **Construction commencement date** | **Expected completion date** |

**CONTRACT VALUE**

|  |  |  |
| --- | --- | --- |
| $5 – $10 million  $50 – $100 million | $10 – $20 million  over $100 million | $20 – $50 million |

**CONTRACT TYPE**

|  |  |  |
| --- | --- | --- |
| General building/construction | Civil construction | Maintenance |

CONTRACT DELIVERY LOCATION

|  |  |  |
| --- | --- | --- |
| Gascoyne  Kimberley  Perth  Wheatbelt | Goldfields-Esperance  Mid West  Pilbara  State wide | Great Southern  Peel  South West |

**JUSTIFICATION (Please indicate all that apply)**

|  |
| --- |
| **Primary factor(s) – Western Australian workforce related**  Limited/no involvement in other construction in Western Australia  Limited ability to engage apprentices/trainees due to a large proportion of the company’s:  construction trades workforce being in regional and remote areas  worksites being high risk environments  contracts being highly specialised or secure in nature  Stage of contract - a large proportion of the company’s construction contracts are in design or completion  phases  Other WA workforce issue, please specify  **Secondary factor(s) – Contract related**  Contract duration is under 12 months  Nature of the contract involves a limited number of occupations in scope of the policy  This contract has limited or no construction work in progress  Regional labour supply provides limited training opportunities  Other contract specific issue, please specify |

**SUPPORTING EVIDENCE (Please provide evidence to address the factors indicated above)**

|  |
| --- |
| **For a** **variation application, please outline the**:   1. supporting evidence for the factors indicated above; and 2. measures being undertaken to raise the overall training effort and/or meet the contracted training rate in the future.     **For an** **appeal application, please outline any additional:**   1. information not provided with the variation request; and/or 2. factors that would warrant reconsideration of the Compliance Panel’s decision. |

OTHER WESTERN AUSTRALIAN BASED CONTRACTS (*Insert rows as required*)

**Please list all of your company’s WA based construction contracts – publicly and privately funded**

|  |  |  |
| --- | --- | --- |
| **Contract name** | **Contract number** | **Construction phase**  Design  Construction  Completion |
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**Government contracting agency/trading enterprise use only**

On completing the assessment please sign, scan and forward to [policy.prioritystart@dtwd.wa.gov.au](mailto:policy.prioritystart@dtwd.wa.gov.au).

|  |  |
| --- | --- |
| **Agency name:** | |
| **Recommendation:**  Supported  Not supported | |
| **Training rate recommended:**       % | |
| **Reason(s) for recommendation:** | |
| **Assessing officer:** | |
| Name: | Position: |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| **Authorising officer:** | |
| Name: | Position: |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Department of Training and Workforce Development use only**

|  |  |  |
| --- | --- | --- |
| **Contracting agency’s recommendation supported**:   Yes  No | | |
| **If not supporting the agency’s recommendation, reasons and suggested training rate:**    **Training rate recommended:**       % | | |
| **Assessing officer:** | |
| Name: | Position: |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| **Authorising officer:** | |
| Name: | Position: |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |

**E:** [policy.prioritystart@dtwd.wa.gov.au](mailto:policy.prioritystart@dtwd.wa.gov.au)  
**W:** [dtwd.wa.gov.au/prioritystart](https://www.dtwd.wa.gov.au/psp)

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