

# **Priority Start Policy Head Contractor Training Rate Variation/Appeal Request Form**

# **REQUEST**

Application type	□ Variation		□ <i>A</i>	Appeal
Poguested training rate	□ 10%	□ 5%	□ 2	2% □ 0%
Requested training rate	☐ Other, please spe	ecify		
	□ 1 year – from	to	□ 2	years – from to
Period of variation	☐ Whole of contrac	t		Other, please specify
CONTRACT DETAILS				
Contract name				Contract number
Contractor name				Contact person
Email				Telephone
Contract award date	Construction c	commencement d	ate	Expected completion date
CONTRACT VALUE				
□ \$5 – \$10 million	□ \$10 – \$20 mi	llion		☐ \$20 – \$50 million
□ \$50 – \$100 million	□ over \$100 mi	llion		
CONTRACT TYPE				
☐ General building/construction	□ Civil construc	etion		□ Maintenance
CONTRACT DELIVERY LOCA	ATION			
☐ Gascoyne	☐ Goldfields-Es	sperance		☐ Great Southern
☐ Kimberley	☐ Mid West			□ Peel
□ Perth	□ Pilbara			☐ South West
☐ Wheatbelt	☐ State wide			

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

Pri	mary 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
Se	condary 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
Contract name	Contract number	Construction phase
		□ Design
		☐ Construction
		□ Completion
Contract name	Contract number	Construction phase
Contract name	Contract number	Construction phase  ☐ Design
Contract name	Contract number	-
Contract name	Contract number	☐ Design
Contract name  Contract name	Contract number  Contract number	<ul><li>□ Design</li><li>□ Construction</li></ul>
		<ul><li>□ Design</li><li>□ Construction</li><li>□ Completion</li></ul>
		<ul><li>□ Design</li><li>□ Construction</li><li>□ Completion</li><li>Construction phase</li></ul>

# Government contracting agency/trading enterprise use only

On completing the assessment please sign, scan and forward to <a href="mailto:policy.prioritystart@dtwd.wa.gov.au">policy.prioritystart@dtwd.wa.gov.au</a>.

Agency name:						
Recommendation:	□ 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						
Department of Training and Workforce Develop	pment use only					
Department of Training and Workforce Development Contracting agency's recommendation supported:						
	☐ Yes ☐ No					
Contracting agency's recommendation supported:	☐ Yes ☐ No					
Contracting agency's recommendation supported:  If not supporting the agency's recommendation, reason  Training rate recommended: %  Assessing officer:	☐ Yes ☐ No s and suggested training rate:					
Contracting agency's recommendation supported:  If not supporting the agency's recommendation, reason  Training rate recommended:  %	☐ Yes ☐ No					
Contracting agency's recommendation supported:  If not supporting the agency's recommendation, reason  Training rate recommended: %  Assessing officer:	☐ Yes ☐ No s and suggested training rate:					
Contracting agency's recommendation supported:  If not supporting the agency's recommendation, reason  Training rate recommended: %  Assessing officer:  Name:  Signed  Authorising officer:	□ Yes □ No s and suggested training rate:  Position: Date:					
Contracting agency's recommendation supported:  If not supporting the agency's recommendation, reason  Training rate recommended: %  Assessing officer: Name: Signed	□ Yes □ No s and suggested training rate:  Position:					

**E:** policy.prioritystart@dtwd.wa.gov.au