

Workforce Transition Programs Application

Form Preview

About the Workforce Transition Programs

There are two programs associated with the Workforce Transition Programs (WTP). The objectives of the program are to ensure all eligible native forest workers are supported to transition out of native forestry.

Program 1: Worker Transition Payment

The purpose of the Worker Transition Payment is to support workers who have been impacted by the State Government announcement to protect native forests from 2024. The payment will help workers that are made redundant or choose to leave, as well as casual/seasonal workers.

Program 2: Reskilling, Retraining and New Employment

The purpose of the Reskilling, Retraining and New Employment Support Program is to support workers impacted by the State Government decision to protect native forests by 2024 to upskill and/or retrain to assist them to secure new employment in their region or other locations.

Eligibility

For full details on the Eligibility Criteria for each of the two programs, please refer to the [Step-by-step Application Guide](#).

Assistance with application

If you require assistance with your application, please call [1300 243 199](tel:1300243199) or read through the [FAQs](#).

Conflict of Interest

* indicates a required field

Declaration

We understand that you may work or have previously worked for a family owned/managed business. If this is the case for you and a family member is providing evidence to support your application, you will need to declare this conflict of interest.

Please note, this will not affect the success of your application if you are deemed eligible. This information will ensure the process is transparent, open and support your application.

I need to declare a conflict-of-interest as part of my application *

Yes No

Please describe the nature of the conflict of interest *

Workforce Transition Programs Application

Form Preview

Personal Information

* indicates a required field

Your details *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your date of birth *

Must be a date.

Your email *

Must be an email address.

Your mobile number *

Must be an Australian phone number.

Your home address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Your postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Your bank account details *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

It is your responsibility to ensure that the correct information has been provided. JTSI does not accept responsibility for incorrect bank account details.

Will the payment be made to you as an individual or to a business (including sole trader)? *

Individual

Business

Workforce Transition Programs Application

Form Preview

What is your Tax File Number (TFN)? *

Must be 9 numbers and evidence includes PAYG Payment Summaries, ATO Tax returns and ATO Income Statements.

Please upload proof of your TFN. *

Attach a file:

Proof of identity You must provide suitable proof of identity based on a minimum of two forms of identification, or 40-point identity check eg driver's license, passport.

Please find a guide to the relevant documents and points here: <https://www.police.wa.gov.au/Police-Direct/National-Police-Certificates/Proof-of-identity>

Please upload your identity documents. *

Attach a file:

Exit from Native Forest Industry

* indicates a required field

What is your current status in exiting the native forestry industry? *

- I have been made redundant
- I am about to be made redundant
- I am a casual and haven't had a shift allocated for a period of six weeks
- I am leaving voluntarily

Please select the most relevant statement.

Please provide evidence of your redundancy *

Attach a file:

Evidence can be a letter of confirmation from employer or an employment separation certificate.

Please provide evidence that you haven't had a shift allocated for a period of six weeks *

Attach a file:

Evidence can include a bank statement, roster, payslip or letter from employer.

Please detail how much you have received in wages this financial year (since 1 July of the current year) *

\$

Workforce Transition Programs Application

Form Preview

Must be a dollar amount.

This amount must include any payout of leave entitlements (annual, long service or otherwise). This will include what you have made this year from 1 July to today's date. This information will be used to calculate the withholding tax.

Native Forest Timber Industry Employment Information

* indicates a required field

Position job title *

Business name *

Organisation Name

Business address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Date employment commenced *

Must be a date.

Date employment ceased *

Must be a date.

Are you a permanent or casual worker? *

Permanent Casual

Are you a full-time or part-time worker? *

Full-time Part-time

Please provide evidence of employment. *

Attach a file:

Evidence may be any of the following employment separation certificate, appointment letter, payment summary (group certificate), superannuation statements/payment details, letter of confirmation from employer, statutory declaration from employer, payslip.

Did the majority (75%) of your work activities relate to native forest activities? *

Yes No

Workforce Transition Programs Application

Form Preview

Please provide evidence of your work activities involving native forest timber activities.

Attach a file:

Evidence is not mandatory and if JTSTI requires further clarification, you will be contacted.

Please provide evidence that your employer can no longer support your employment. *

Attach a file:

Evidence should be in the form of a letter of confirmation from employer.

Average hours per week *

- 0 - 10 hours
- 10+ hours - 22.5 hours
- 22.5+ or more hours

Please provide evidence of your hours of work per week *

Attach a file:

This evidence can be employment separation certificate, payslips, rosters, and/or a letter of confirmation from employer

Other Employment Information

* indicates a required field

Length of continuous service in native forestry *

Calculate your continuous service by adding up how long you have worked in native forestry. This can be across multiple employers with a gap of no more than 12 months between native forestry jobs. Only full years of service can be counted. If you worked 18 months, it would be counted as one year and not two years of service.

Was this across more than one employer? *

- Yes
- No

Please provide details of previous employers below and attach evidence. To add multiple previous employers, click the 'Add more' button.

Company name *

Start date *

Must be a date.

Workforce Transition Programs Application

Form Preview

End date *

Must be a date.

Please attach evidence of this employment *

Attach a file:

Evidence may be any of the following employment separation certificate, payslip, appointment letter, payment summary (group certificate), superannuation statements/payment details, letter of confirmation from employer, statutory declaration from employer.

Company name *

Start date *

Must be a date.

End date *

Must be a date.

Please attach evidence of this employment *

Attach a file:

Evidence may be any of the following employment separation certificate, payslip, appointment letter, payment summary (group certificate), superannuation statements/payment details, letter of confirmation from employer, statutory declaration from employer.

Company name *

Start date *

Must be a date.

End date *

Must be a date.

Please attach evidence of this employment *

Attach a file:

Evidence may be any of the following employment separation certificate, payslip, appointment letter, payment summary (group certificate), superannuation statements/payment details, letter of confirmation from employer, statutory declaration from employer.

Have you previously received a redundancy payment? *

Yes

No

Please note any period of work where a redundancy was previously paid will not be included as part of the continuous service calculation.

Workforce Transition Programs Application

Form Preview

Please provide details of previous redundancies below and attach evidence. To add multiple redundancies, click the 'Add more' button.

Company name *

Date of redundancy *

Must be a date.

Please provide evidence of your redundancy *

Attach a file:

Final Details and Feedback

* indicates a required field

Applicant certification

I certify that to the best of my knowledge the statements made within this application are true and correct. *

Yes

Employment Verification

Do you agree for JTSI to verify the details provided as part of this application with your employer/s if required?

Yes

No

Applicant feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application? *

Must be a number.

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Workforce Transition Programs Application

Form Preview