

# Field Guide: Boosting Apprenticeship Commencements and Completing Apprenticeship Commencements wage subsidy applications

This document has been developed to assist ADMS users in using the Boosting Apprenticeship Commencements (BAC) and Completing Apprenticeship Commencements (CAC) wage subsidy application user interface. It lists all the fields in the user interface by page, and explains the rules applied to each field.

The BAC and CAC wage subsidy user interface will be used by employers, AASN providers and government users at various stages of the application process.

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# BAC and CAC Claim Form

(\* Indicates a field is mandatory)

## Apprentice Details

Field Label	Description	Business Rules
Application ID	The application ID of the claim will be displayed here.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li></ul>
Name	The name of the apprentice the application will be claimed for will be displayed here.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li></ul>

## Qualification

Field Label	Description	Business Rules
Qualification (Code, AQF Level & Title)	The qualification of the apprentice the application will be claimed for will be displayed here.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li><li>The qualification details only appear for the employer.</li></ul>
Commencement date	The qualification commencement date of the apprentice the application will be claimed for will be displayed here.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li><li>The qualification details only appear for the employer.</li><li>The commencement date will appear as DD MM YYYY.</li></ul>
Expected completion date	The expected qualification completion date of the apprentice the application will be claimed for will be displayed here.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li><li>The qualification details only appear for the employer.</li><li>The completion date will appear as DD MM YYYY.</li></ul>

## Employer Details

Field Label	Description	Business Rules
Is the employer a group training organisation?	This field indicates whether the employer is a group training organisation.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li></ul>
Business name	The business name will be displayed here.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li></ul>
ABN	The ABN of the business will be displayed here.	<ul style="list-style-type: none"><li>The values in this field will be auto populated.</li></ul>

Workplace address on the claim end date	The workplace address of the employer will be displayed here.	<ul style="list-style-type: none"> <li>The address should be accurate as at the date the claim period ends.</li> <li>The values in this field will be auto populated.</li> </ul>
Employer contact name	The name of employer contact will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> </ul>
Employer email address	The email address for the employer contact will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> <li>If there is no record of a mobile number in the Employer Profile, a '-' will be displayed.</li> </ul>
Employer contact number	The phone number for the employer contact will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> <li>If there is no record of a phone number in the Employer Profile, a '-' will be displayed.</li> </ul>

## Bank Account

Field Label	Description	Business Rules
Account name*	The bank account name for the employer will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> </ul>
Name of the bank, credit union or building society*	The name of the bank, credit union or building society for the employer will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> </ul>
BSB*	The BSB for the employer's bank account will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> </ul>
Account number*	The account number for the employer's bank account will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> <li>Only the least 4 digits of the account number will be displayed.</li> </ul>
Change	Click here to select another bank account for the employer from those previously submitted to the Network Provider.	<ul style="list-style-type: none"> <li>The option to change bank account details only appears for the employer.</li> <li>This option is only available if there are multiple bank accounts recorded in the employer profile by the Network Provider.</li> </ul>
Change Bank Account*	Select the bank account into which you would like to have your wage subsidy paid.	<ul style="list-style-type: none"> <li>After the desired account is selected, you must click 'Update' to continue with the claim application.</li> </ul>

## Claim Details

Field Label	Description	Business Rules
Date the apprenticeship or traineeship commenced	The date the apprenticeship or traineeship commenced will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> </ul>
During the Claim Period was the apprenticeship or traineeship cancelled, withdrawn or completed?*	Select whether the apprenticeship or traineeship was cancelled, withdrawn, or completed.	
Cancelled, Withdrawn or Completed Date*	Enter the date apprenticeship or traineeship was cancelled, withdrawn, or completed or select the date from the date picker.	<ul style="list-style-type: none"> <li>This field can only contain numbers and forward slashes (/).</li> <li>This field must be presented in dd/mm/yyyy format.</li> <li>The date picker can be used in place of entering the numbers into the date field.</li> <li>The date cannot be outside of the claim period.</li> </ul>
Have you received, or are you in receipt of, JobMaker Hiring Credit, Boosting cash flow for employers, Australian Apprentice Wage Subsidy (AAWS) OR Jobactive Wage Subsidies for the apprentice or trainee during this claim period?	Select whether you receive any other wage subsidy from the Australian Government.	
More info	This button provides additional information about relevant wage subsidies.	
Wage Subsidy you are receiving*	Select the wage subsidy you receive from the drop-down list.	
Start Date*	Enter the date you began receiving your other wage	<ul style="list-style-type: none"> <li>This field can only contain numbers and forward slashes (/).</li> </ul>

	subsidy or select the date from the date picker.	<ul style="list-style-type: none"> <li>• This field must be presented in dd/mm/yyyy format.</li> <li>• The date picker can be used in place of entering the numbers into the date field.</li> <li>• The date cannot be outside of the claim period.</li> </ul>
End Date*	Enter the date your other wage subsidy ended or is due to end, or completed or select the date from the date picker.	<ul style="list-style-type: none"> <li>• This field can only contain numbers and forward slashes (/).</li> <li>• This field must be presented in dd/mm/yyyy format.</li> <li>• The date picker can be used in place of entering the numbers into the date field.</li> <li>• The date cannot be outside of the claim period.</li> </ul>
Trash can (icon)	Select the trash can icon to delete the details you have entered about receiving other Australian Government wage subsidies.	
Add another	Select this button to add details about another wage subsidy you receive for this apprentice.	
Have you previously submitted evidence that training has commenced?*(Note: this information is usually provided as part of a commencement claim.)*  More info (Icon) - (pop-up message)	Select whether you have previously submitted a training plan as part of a BAC or CAC wage subsidy claim.	<ul style="list-style-type: none"> <li>• This field will not display if you have previously submitted a training plan.</li> </ul>
More info	This button provides additional information about submitting evidence of training commencement.	
Evidence of training plan*	Drag and drop or browse for the file you would like to upload as evidence of a training plan.	<ul style="list-style-type: none"> <li>• This field will not display if you indicate you have previously submitted a training plan.</li> <li>• Multiple documents can be added.</li> </ul>

		<ul style="list-style-type: none"> <li>• Documents can be viewed and deleted.</li> <li>• Documents can be up to 5MB per file.</li> <li>• Total attachment size cannot exceed 15MB.</li> <li>• Documents must be one of the following file types: .jpeg, .jpg, .bmp, .png, .tiff, .xls, .xlsx, .pdf, .doc, .docx, .ppt, .pptx</li> </ul>
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## Wage Evidence

Field Label	Description	Business Rules
Wage Evidence*	Drag and drop or browse for the file/s you would like to upload as wage evidence.	<ul style="list-style-type: none"> <li>• Multiple documents can be added.</li> <li>• Documents can be viewed and deleted.</li> <li>• Documents can be up to 5MB per file.</li> <li>• Total attachment size cannot exceed 15MB.</li> <li>• Documents must be one of the following file types: .jpeg, .jpg, .bmp, .png, .tiff, .xls, .xlsx, .pdf, .doc, .docx, .ppt, .pptx</li> </ul>
Date From*	Enter the start date for payments made for the wage evidence.	<ul style="list-style-type: none"> <li>• This field can only contain numbers and forward slashes (/).</li> <li>• This field must be presented in dd/mm/yyyy format.</li> <li>• The date picker can be used in place of entering the numbers into the date field.</li> <li>• The date can start before the claim period as long as the wage evidence covers part of the claim period.</li> </ul>
Date to*	Enter the end date for payments made for the wage evidence.	<ul style="list-style-type: none"> <li>• This field can only contain numbers and forward slashes (/).</li> <li>• This field must be presented in dd/mm/yyyy format.</li> <li>• The date picker can be used in place of entering the numbers into the date field.</li> <li>• The date can end after the claim period as long as the wage evidence covers part of the claim period.</li> </ul>
Amount*	Enter the amount of wages for the evidence you have uploaded here.	
Gross amount recorded*	The gross amount of wages from all evidence you have uploaded will be displayed here.	<ul style="list-style-type: none"> <li>• The values in this field will be auto populated.</li> </ul>

## Estimated Claim Amounts

Field Label	Description	Business Rules
BAC estimate	The estimated value in dollars for the BAC application will be displayed here.	<ul style="list-style-type: none"> <li>The system will generate this value based on the standard BAC calculation criteria.</li> </ul>
CAC (10%)	The estimated value in dollars for the CAC application will be displayed here.	<ul style="list-style-type: none"> <li>The system will generate this value based on the standard CAC year 1 calculation criteria.</li> </ul>
CAC (5%)	The estimated value in dollars for the CAC application will be displayed here.	<ul style="list-style-type: none"> <li>The system will generate this value based on the standard CAC year 2 calculation criteria.</li> </ul>

## Wage subsidy agreement

Field Label	Description	Business Rules
I am duly authorised by the Employer or Group Training Authority named in this claim form to make this declaration and enter in this Wage Subsidy Agreement on the Employer or Group Training Authority's behalf*	Check the box to indicate that you are authorised to make the declaration and submit the claim on behalf of your organisation.	
On behalf of the Employer or Group Training Authority named in this claim for, I agree to all the terms and conditions specified in this Wage Subsidy*	Check the box to indicate that you agree to all the terms and conditions of the wage subsidy.	
I have read and understand this Wage Subsidy Agreement and understand that giving false or misleading	Check the box to indicate that you understand providing false or misleading information is an offence.	

information is a serious offence*		
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## Employer Declaration

Field Label	Description	Business Rules
Full Name of Signatory	The name of the Employer Officer submitting the claim will appear here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> </ul>
Submitted on this day	The current date will be displayed here.	<ul style="list-style-type: none"> <li>The values in this field will be auto populated.</li> </ul>
I understand that giving false or misleading information is a serious offence	Check the box to indicate that you understand providing false or misleading information is an offence.	

## Page Controls

Field Label	Description	Business Rules
Next	Click this button to proceed to the next page.	<ul style="list-style-type: none"> <li>All data entered will be saved.</li> <li>All mandatory fields must be completed.</li> </ul>
Save & Exit	Click this button to save your progress and exit the form.	<ul style="list-style-type: none"> <li>All data entered will be saved.</li> </ul>
Submit	Click this button to submit the form for approval.	<ul style="list-style-type: none"> <li>All data entered will be saved.</li> <li>All mandatory fields must be completed.</li> </ul>
Exit	Click this button to exit the form.	<ul style="list-style-type: none"> <li>All data not yet saved will be lost.</li> <li>You can come back to this form in future from the list page.</li> </ul>

## User Permission Matrix

The table below shows the edit and view permissions of each user type for each stage of the application process.

		Application Status					
		Ready	Draft	Submitted / Assessment	Returned	Approved	Rejected
User	Employer	Edit	Edit	View	Edit	View	View
	Agency	View	View	Edit	View	View	View
	AASN Provider	View	View	View	View	View	View



	DESE Staff	View	View	View	View	View	View
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## Support

For assistance with ADMS, contact the National Customer Service Line (NCSL) on **1800 020 108**.

For feedback on this quick reference guide, contact [ADMSEngagement@dese.gov.au](mailto:ADMSEngagement@dese.gov.au).