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| 353 Festival Street, Hatfield, Pretoria, 0028  PO Box 11303, Hatfield, 0028 | Tel: 012 423 5700  www.pseta.org.za |

**APPLICATION FOR A DISCRETIONARY GRANT**

**SKILLS PROGRAMMES FOR PUBLIC SERVICE EMPLOYEES**

**Applications are to be submitted to PSETA,**

**Hand delivery address:**

**353 Festival Street**

**Hatfield**

**Pretoria**

**0028**

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| **APPLICANT** | | |
| **Training Provider** | **Employer** | **Lead Employer** |
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| **Please mark with the cross (X)** | | |

**SUBMIT ONE FORM FOR EACH QUALIFICATION**

**APPLICATION MUST BE ACCOMPANIED BY THE DETAILED PROPOSAL**

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| **SECTION 1: DETAILS OF THE APPLICANT** | | | | | | | | | |
| **Name of Applicant** |  | | | | | | | | |
| **Application in respect of** | **SKILLS PROGRAMMES FOR PUBLIC SERVICE EMPLOYEES** | | | | | | | | |
|  | | | |  | | | | |
| **Skills programme ID** |  | | | |  | | | | |
| **Applicant’s Skills Development Levy Number** | **Levy No.** | | | | **SETA:** | | | | |
| **Sector** |  | | | | | | | | |
| **Company/Organisation Size** | **Small**  **(0-49)** | | **Medium**  **(50-149)** | | **Large**  **(150 or larger)** | | | | |
| **Are you a?** (please tick relevant box) | National Department |  | Provincial Department |  | | Legislature |  | Public Entity |  |
| **Address** | **Physical Address:** | | | **Postal Address:** | | | | | |
| **Name of Local Municipality** |  | | | | | | | | |
| **Province** |  | | | | | | | | |
| **Contact Person** |  | | | | | | | | |
| **Mobile Number** |  | | | | | | | | |
| **Telephone Number** |  | | | | | | | | |
| **Fax Number** |  | | | | | | | | |
| **Email** |  | | | | | | | | |
| **LEARNER AND GRANT INFORMATION** | | | | | | | | | |
| **Number of learners** |  | | | | | | | | |
| **Total Cost Per Learner** | R | | | | | | | | |
| **Total Grant Requested** | R | | | | | | | | |
| **PREVIOUS PSETA GRANTS AWARDED** | | | | | | | | | |
| **Previous PSETA Grants** | **Date** | | | **Amount** | | | | | |
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| **SECTION 3: DECLARATION BY THE APPLICANT** | | |
| I, the undersigned, taking responsibility for the applicant’s organisation certify that: | | |
| 1. The information contained in this application is correct; and | | |
| 1. The necessary supporting documentation listed below is attached: | | |
| **Supporting Documentation** | **Not Applicable** | **Attached** |
| 1. Company registration documents with certified copies of IDs of members, shareholders and directors |  |  |
| 1. Certified copy of Accreditation certificate for the relevant unit standards |  |  |
| 1. Original and valid BBBEE verification certificate |  |  |
| 1. Written confirmation of tax compliance or validity |  |  |
| 1. Documentation providing evidence of the organization’s capacity to deliver on the project |  |  |
| 1. Project proposal |  |  |

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| **Declaration of Interest** | **Yes** | **No** |
| Are you or any person connected with the application employed by the SETA?  If so, state particulars:……………………………………. |  |  |
| Do you or any person connected with the application have any relationship (family, friend, other) with a person employed by the SETA, or a member of the PSETA Board?  If so, state particulars: ……………………………………. |  |  |
| Are you or any person connected with the application aware of any relationship (family, friend, other) between the applicant and any person who may be involved in the evaluation or approval of this application?  If so, state particulars: ……………………………………. |  |  |

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| **Equity** | **Black South Africans** | **Women** |
| What is the percentage of the organization owned by (If private company)? |  |  |
| What percentage is owned by people with disabilities (If private company)?? |  |  |
| How many executive management positions in your organization are filled by? |  |  |
| How many executive management positions in your organization are filled by people with disabilities? |  |  |

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| **Name** |  | **Designation** |  |
| **Signature (Authorised person)** |  | **Date & Place** |  |
| **Name** |  | **Designation** |  |

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| **SECTION 4: THE FORMAT OF THE PROPOSAL** |

Prospective applicant must submit a proposal which include the following information:

1. Introduction and executive summary
2. A detailed project plan including key activities, milestones, roll out plan, deliverables and detailed timeframes (indication of training venues, learner induction plan, training plan, etc. should be considered).
3. Information on similar training projects undertaken, with contactable references, nature of the project, duration, value, and number of beneficiaries serviced. Reference letters must be included.
4. Details of the key personnel that will be involved in the project, with a clear indication of the roles that will be played by each person. Detailed CVs for each team member must be included.
5. Profile of the organization including evidence of accreditation for the indicated unit standards.
6. Details of experience in implementing similar training in the public sector, and demonstrated understanding of the unique needs of the public sector.
7. Proposed project organization and the project team structure.
8. Proposed detailed budget including costs (VAT inclusive) per deliverable.
9. The names and contact details of two referees who can provide an objective assessment of the quality of relevant and recent work undertaken by the potential service provider and who will not be seen to be in a potential conflict of interest situation.
10. Description of the current available infrastructure arrangements to deliver the training (Organizational structure, systems, processes, human resource capacity, training venues).
11. In the case of a consortium or joint venture, a signed agreement and detailed profile/s of all the companies must be submitted.