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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**

**RECOGNITION OF PRIOR LEARNING**

**NATIONAL DIPLOMA: PUBLIC ADMINISTRATION**

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

**Hand delivery address:**

**353 Festival Street**

**Hatfield**

**Pretoria**

**0028**

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| **Name of Applicant** |  |
| **CIPC Registration Number** |  |
| **PSETA Accreditation/Programme Approval Number** | **P21/** |

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| **SECTION 1: DETAILS OF THE SKILLS DEVELOPMENT PROVIDER** | | | | | |
| **Name of Applicant** |  | | | | |
| **Application in respect of** | **RECOGNITION OF PRIOR LEARNING** | | | | |
| **Name of the skills programme** | **NATIONAL DIPLOMA: PUBLIC ADMINISTRATION** | | | | |
| **Company/Organisation Size** | **Small**  **(0-49)** | **Medium**  **(50-149)** | **Large**  **(150 or larger)** | | |
| **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 applying for** |  | | | | |
| **Total Cost Per Learner** | R | | | | |
| **Total Grant Requested** | R | | | | |
| **PREVIOUS PSETA GRANTS AWARDED** | | | | | |
| **Previous PSETA Grants** | **Date** | **Amount** | | | |
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| **PROPOSED ASSESSOR(S) INFORMATION** | | | | | |
| **Name of the Assessor** | **Identity Number** | **PSETA Registration Number** | | | |
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| **PROPOSED MODERATOR(S) INFORMATION** | | | | | |
| **Name of the Moderator** | **Identity Number** | **PSETA Registration Number** | | | |
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| **P** **PROPOSED RPL PRACTITIONER(S) INFORMATION ROPOSED** | | | | | |
| **Name of the RPL Practitioner** | **Identity Number** | **ETDP Registration Number** | | | |
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| **SECTION 2: DECLARATION BY THE APPLICANT** | | | |  |  |
| I, the undersigned, taking responsibility for the applicant’s organisation certify that: | | | | **Yes** | **No** |
| 1. The information contained in this application is correct and | | | |  |  |
| 1. We understand that PSETA allocates funds at its discretion, we have no valid claim against PSETA should the grant not be awarded to our organisation. | | | |  |  |

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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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| **SECTION 3: PROJECT PROPOSAL** | |
| **DEMONSTRATED EXPERIENCE OF IMPLEMENTING THE RPL PROGRAMME**  **(Please provide detailed explanation of THE RPL programmes implemented in the past – special attention to where they were implemented and how you dealt with the challenges, if occurred. PLEASE BE DETAILED)** | |
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| **EXPERTISE OF THE TEAM FOR THE IMPLEMENTATION OF THE RPL PROGRAMME**  **(Please list the team members and their knowledge and experience in delivering training of this nature. (please include their CVs))** | |
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| **DETAILED PROJECT PLAN** | |
| **DELIVERABLES**  **(Describe the key deliverables that will be achieved by the project that are necessary to reach the goal and objective identified above. The deliverables should be measurable e.g. 30 learners will be recruited by 24 March.)** | |
| **#** | **Deliverable** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |
| **PROJECT ACTIVITIES (Project Activities to achieve each Deliverable)** | |

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| **Deliverable #** | **Project Activities** | | **Expected implementation date** |
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| **RISK MANAGEMENT PLAN**  (**Risk identified must relate to its impact on not meeting the projects timelines, objectives, etc.**) | | | |
| **No** | **Risk identified** | **Risk Mitigation plan** | |
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| **REPORTING PLAN**  (**Please outline key reports to be produced and proposed timelines**) | | | |
| No | Details of the report | | Expected reporting date |
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| **PROJECT TEAM AND ROLES OUTLINED** |
| **Outline the project team who will be responsible for the project. Please insert names and contact details at each level.** |
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| **APPLICATION SIGN-OFF** | | | |
| **Signature**  **(Authorised person)** |  | **Date & Place** |  |
| **Name** |  | **Designation** |  |