**APPLICATION FOR A DISCRETIONARY GRANT**

**BURSARY FOR UNEMPLOYED**

**DG 2021/22 FY**

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| **REFERENCE NUMBER** | **PSETA/DG2021-22SHT/BUR-03** |

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| **SECTION 1: DETAILS OF THE APPLICANT** | | | | | | |
| **Name of Applicant** |  | | | | | |
| **Field of Study** | **Please Tick Relevant Box** √ | | | | | |
| Postgraduate studies in Public Management | |  | Internal Audit | |  |
| Advanced Project Management | |  | Degree in ICT | |  |
| Postgraduate Diploma in Investigative and Forensic Accounting | |  | Postgraduate studies in Economics | |  |
| **Type of Programme** | **Please Tick Relevant Box √** | | | | | |
| **Degree** | |  | **Diploma** | |  |
| **Number of years required to complete the Programme/ Qualification** |  | | | | | |
| **Applicant’s Skills Development Levy Number** | **Levy No.** | | | **SETA:** | | |
| **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** |  | | | | | |

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| **LEARNER AND GRANT INFORMATION** | |
| **Number of learners** |  |
| **Total Cost Per Learner** | R |
| **Total Grant Requested** | R |

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| **PREVIOUS PSETA GRANTS AWARDED** | | | | |
| **Previous PSETA Grants** | **Date** | **Amount** | | |
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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. | | |  |  |

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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: PROPOSED IMPLEMENTATION PLAN** | |
| **INTRODUCTION** | |
| **This section should include a brief description of the environment and of circumstances, which have given rise to the application to deliver on this programme.** | |
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| **PROJECT ACTIVITIES WITH TIMELINES** | |
| **Describe the key activities 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 November.** | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
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| **BENEFICIARY SELECTION PLAN** | |
| **An indication of how and by when beneficiaries earmarked for the bursaries will be selected and the process finalised. Please specify the following:**   * **The type of programme in line with the fields of study and levels indicated on the Specification document** * **The number of years required to complete the programme/qualification** | |
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| **MONITORING AND EVALUATION** | |
| **What systems will be put in place to monitor whether the project is on track to deliver on outputs?** | |
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| **COST BREAKDOWN PER PROGRAMME** | |
| **Provide a cost breakdown per programme applied for (the cost per learner and the total amount for all beneficiaries requested)** | |
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| **PROJECT TEAM AND ROLES** | |
| **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** |  |