



STAR 1 APPLICATION FORM

Full name of organisation	
Skills Development Levy No.:	L ____ _
Chamber: (one of the following 4) <i>Business Services, Management Services, Commercial and Industrial or Client Care Services</i>	
Physical Address	
Postal Address	
Telephone No. & Dialling Code	
Fax No. & Dialling Code	
Cellular No.	
e-mail Address	
S kills D evelopment F acilitator's name	
Tel. & Cell Number of SDF	
e-mail Address of SDF	

1. Did the company submit a **W**orkplace **S**kills **P**lan (**WSP**) to the Services SETA for:

(Please tick the appropriate block)

Year 7 (2006 to 2007)	Yes		No	
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2. Please list the names of the participants who were involved in the WSP process:

Manager/Owner/Employer Representative	
Skills Development Facilitator	
Employee Representative	
Any other training committee members	

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3. Did the company submit an **A**nnual **T**raining **R**eport (**ATR**) to the Services SETA for:

(Please tick the appropriate block)

Year 7 (2006 to 2007)	Yes		No	
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4. Did the company submit an Employment Equity plan to the Department of Labour?

Yes	
No	

5. Was the Employment Equity plan "consulted/negotiated" with all relevant parties as prescribed by the Department of Labour and has it been signed off by the CEO

Yes	
No	

Comments:

Any company wishing to apply for STAR 1 status must complete this application in full and submit it to Carmen Jasmin by fax, e-mail or post.

Fax: 011 276 9711

e-Mail: carmenj@serviceseta.org.za

Website: www.serviceseta.org.za

Postal address: P. O. Box 3322, Houghton, 2041