APPLICATION FORM FOR UNFUNDED LEARNING INTERVENTIONS

NB: Individual forms must be completed for each learning intervention applied for. All supporting documents must be submitted with each application.

ENTITY DETAILS (LEAD EMPLOYER)				
Legal Name				
Company Trade Name				
Skills Development Levy Number (If available)				
Company/Entity Registration Number		**Services SETA levy paying company**	Yes	No

ENTITY TYPE (PLEASE TICK - X)									
Private		Public Service		State owned enterprise		SMME		NPO	
NGO		CBO		Co-operative		Other (please give details)			

ENTITY SIZE (PLEASE TICK BELOW - X)							
Micro (1 to 10 Employees)		Small (11 to 49 Employees)		Medium (50 to 149 Employees)		Large (150+ Employees)	

Subsector (PLEASE TICK BELOW - X)							
Hiring Services		Business services		Labour recruitment Services		Project management	
Household services		Marketing and communication		Collective services		Beauty treatment	
Domestic services		Hair care		Contact Centres		Funeral services	
Cleaning Services		Fashion		Postal services		Real estate services	

CONTACT PERSON			
Name		Surname	
ID number		Designation	
Contact number		E-mail address	

Physical Address		**Postal Address**	
Line 1		Line 1	
Line 2		Line 2	
Postal code		Postal code	
Province		Province	

ALTERNATIVE CONTACT PERSON			
Name		Surname	
ID number		Designation	
Contact number		E-mail address	

LEARNING INTERVENTION DETAILS (PLEASE TICK BELOW IF YOU ARE APPLYING TO A LEARNERSHIP OR APPRENTICESHIP - X)			
Learnership		Apprenticeship	
Learnership/Apprenticeship qualification details			
Services SETA (Yes/No)		Other SETA (name of the SETA)	
Learnership Title		Learnership Registration number	
Qualification Title			
Qualification ID		NQF level	
Number of employed		**Number of unemployed**	
Recognition of Prior Learning (RPL)			
Services SETA (Yes/No)		Other SETA (name of the SETA)	
Qualification Title		NQF level	
Qualification ID			
Number of employed			
Skills Programme (complete skills programmes details below)			
Services SETA (Yes/No)		Other SETA (name of the SETA)	
Number of employed			

DETAILS OF SKILLS DEVELOPMENT PROVIDER (TRAINING PROVIDER)		
Name of Accredited Skills Development Provider (SDP)	Registered name	Trading as
Company Registration number of SDP		
Accreditation number of SDP		

EMPLOYER DECLARATION (PLEASE TICK BELOW - X)		
Please note that any false declaration may lead to the termination of the performance contract with the SSETA		
Is there sufficient workspace available to accommodate all the learners?	Yes	No
Are all the necessary equipment/resources/tools available to the learners as required?	Yes	No

CHECKLIST OF WHAT MUST BE ATTACHED/COMPLETED (This is COMPULSORY to be ticked – X)			
Valid Tax registration certificate	CIPC registration	Declaration completed above	Application duly signed

SIGNATURE BY AUTHORISED COMPANY/ENTITY REPRESENTATIVE	
I hereby declare that the information provided in this unfunded application is both true and correct. I understand that any untrue or false information may result in the disqualification of this application.	
Name and Surname of employer representative	
ID number	
Designation/title	
Date	
Signature	

SKILLS PROGRAMMES DETAILS			
QUALIFICATION TITLE	**UNIT STANDARD TITLE**	**NQF**	**CREDITS**