



SME TRAINING REPORT CLAIM FORM

1 April 2009 – 31 March 2010

Name of Organisation:										
Trading as:										
Skills Development Levy Number (SDL):	L									
Period of submission (refer to Guidelines)										
Date of submission:										

Due Date
No later than
16h00 on
11 June 2010 – 1st period
Submission

30 June 2010 – Final
Submission
No extensions will
be granted.

For office use

Date stamp

Tracked by:.....

Date:.....

Captured by:.....

Date:.....

SSETA Regional Offices will be open between 28 - 30 June 2010 until 16h00. No documents will be accepted after 30 June 2010

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A. CONTACT DETAILS FOR Services SETA:

Please return the completed SME Grant Application Form to:

Services SETA Head Office:		
Ristone Office Park 20 Eton Road Parktown		
Tel: 011 276 9600 Fax: 011 276 9623 Call Center: 0861 10 11 48		
Kwazulu Natal Office:	Cape Town Office:	Port Elizabeth Office:
73 Ramsay Avenue Musgrave	11 th Floor Picbel Parkade 58 Strand Street	1 st Floor Kalinga Linga House 3 Edward Street
Tel: 031 207 1761/2 Fax: 031 207 1766 Call Center: 0861 10 11 48	Tel: 021 425 0417 Fax: 021 425 1575 Call Center: 0861 10 11 48	Tel: 041 582 2033 Fax: 041 582 1678 Call Center: 0861 10 11 48
East London Office:	Bloemfontein Office	Mpumalanga Office
15 St. Matthews Road Southernwood	135-141 President Reitz Avenue Hydro Park Westdene	37 Brown Street Midcity Building 4 th Floor
Tel: 043 743 5410 Fax: 043 722 0587 Call Center: 0861 10 11 48	Tel: 051 430 6223 Fax: 051 430 8771 Call Center: 0861 10 11 48	Tel: 013 752 2207 Fax: 013 752 6434 Call Center: 0861 10 11 48
Limpopo – Polokwane	Northern Cape - Kimberley	
5 Neethling Street Hampton Court Bendor Avenue Tel: 015 296 4858 Fax: 015 296 4729 Call Center: 0861 10 11 48	33 Long Street Albertynshof Kimberly Tel: 053 833 7447 Fax: 053 833 7452 Call Center: 0861 10 11 48	

ISO 9001:2000 QUALITY MANAGEMENT SYSTEM

Services SETA Document Numbering System

DOC REVISION STATUS

8th Issue

NEXT REVIEW DATE

01 Mar '11

It is important to note that the SETA will not be able to approve any Grant payments to organisations without the original signed hard copies of sections 1.4, 3.3 & 3.4.

SECTION 1

1.1 Skills Development Facilitators Details (Compulsory)

1. First Name		Last Name	
2. Your Identity Number			
3. Gender & Race Group (this information is used for statistical reasons only)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race Group	
4. Have you been trained in the use of the SSETA sector specific Career Guide?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are you Internal or external?	<input type="checkbox"/> Internal <input type="checkbox"/> External		
6. Please give us the full name of the person who appointed you to be the Organisation's SDF			
7. Have you been on any of the SSETA SDF Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, STATE WHICH YEAR:	
8. How long have you been carrying out the functions of an SDF?			
9. Name of your Organisation / Trading as (if applicable)			
10. Physical Address			
11. Postal Address			
12. Telephone Number		Fax Number	
13. Your cell number		14. Email	

1.2 Company Details

The information provided in this document will be treated in the strictest confidence.

Period for which WSP is submitted	April 2009 to March 2010									
Organisation Name										
In which industry is your Organisation involved? (Please refer to attached Standard Industry Classification (SIC) code at the end of the document)	Industry:									
	(SIC) code:									
What does your Organisation do?										
SARS Skills Development Levy ("SDL") Registration No.	L									
Physical Address	Postal Address									
	E-mail address									

Organisation Tel Number		Organisation Fax Number	
Total no. Of Employees for whom SDL Levies are Paid		Total Annual Payroll for the End of your Last Financial Year	

1.3 COMPANY CONTACT PERSON (OTHER THAN SDF)
(Strictly a person who was involved in completing this document)

Title _____ Surname _____

First Name _____ Initials _____

Telephone Number (work) _____

Designation _____

Cell Number _____

Fax Number (work) _____

E-mail Address _____

1.4 BANKING DETAILS

Name of bank	
Account number	
Name of account holder	
**Type of account	
Branch name	
Branch code	

**** A cancelled cheque MUST be attached to verify bank details**

Please Note:

The Organisation's name, Bank account number, Branch code, etc. on
the attached cancelled cheque, must be the same as the detail
reflected in section above

Payment instructions.

To Whom It May Concern:

The Organisation hereby requests and authorises Services SETA to pay any amounts, which may accrue to the credit of the Organisation's account with the mentioned bank. The funds due will be transferred into the banking details provided for in Section 1.4.

Any change in banking details must be formally communicated to the Services SETA.

Compiled by Signature CEO/MD Date

Authorised by Signature Financial Manager Date

2.1 EXPENDITURE INCURRED IN RESPECT OF THIS CLAIM (1 APRIL 2009 – 31 MARCH 2010)

Occupational Category	Name of Provider	Duration of training	No. of staff who received training						Training Course	Invoice No.	Date	Cost of Training
			Black			White						
			M	F	D	M	F	D				
Senior Officials, Managers / Owner Managers												
Professionals												
Technicians & Associated Professionals												
Clerical and/or Administrative Workers												
Agricultural & Fishery Workers												
Service Workers												
Skilled Workers												
Plant / Machine Operators & Assemblers												
Labourers												
Casual / Temporary Workers												
Apprentices and Learnerships												
Total												

M – Male

F – Female

D – Person with disability **Disability definition:** The Employment Equity Act of 1998 defines people with disabilities as 'people who have a long term or recurring physical or mental impairment that substantially limits their prospects of entry into or advancement in employment'. Physical impairments include hearing and visual impairments, paralysis, amputations and problems with internal organs. Mental impairment includes clinically defined mental and emotional illnesses and learning disabilities.

ISO 9001:2000 QUALITY MANAGEMENT SYSTEM

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8th Issue

ISO DOC Nr.
SSP-F 002

NEXT REVIEW DATE
01 Mar '11

SECTION 3:**3.1. IDENTIFICATION OF SCARCE AND CRITICAL SKILLS**

1. In your opinion, please indicate any scarce skills that may have been identified in your organisation (Please see definition below):

2. In your opinion, please indicate any critical skills that may have been identified in your organisation (Please see definition below):

Scarce skills refer to occupations in which there is a scarcity of qualified and experienced people – current or anticipated. Identified in respect of:

- Geographical location (Relative)
- Equity (Relative)
- A new or emerging occupation for which there are no programmes / qualifications (as yet) (Absolute)
- Firms, sectors and/or country experiencing economic blockage (can't grow) / lower productivity growth (Absolute)
- Replacement demand and supply indicators (Absolute and/or Relative)

Critical skills: In keeping with international trends is reserved for internal skills gaps.

- Key or generic skills / critical cross-field outcomes
- Technical (top-up) skill linked to occupational classification system.
- Firms or sectors experiencing productivity, service delivery, quality (wastage) problems linked / related to skills deficits.

3.2. ABET Training Interventions

Adult Basic Education and Training is the general conceptual foundation toward lifelong learning and development, comprising of knowledge, skills and attitude required for social, economic and political participation and transformation applicable to a range of contexts. ABET is flexible, developmental and targeted at the specific needs of particular audiences and, ideally provides access to nationally recognized certificates or equivalent.

3.2 (A) Planned ABET Training

ABET Level	Male				Female				TOTAL	People with Disability			
	A	C	I	W	A	C	I	W		A	C	I	W
ABET Level 1													
ABET Level 2													
ABET Level 3													
ABET Level 4													

3.2 (B) Total number of beneficiaries who have completed ABET Programmes

ABET Level	Male				Female				TOTAL	People with Disability			
	A	C	I	W	A	C	I	W		A	C	I	W
ABET Level 1													
ABET Level 2													
ABET Level 3													
ABET Level 4													

3.3. DECLARATION BY EMPLOYER

This is to confirm that this organisation is up-to-date with levy payments to the Commissioner of the South African Revenue Services.

SARS
SDL Number

--	--	--	--	--	--	--	--	--	--

Name _____

Signature _____

Position in organisation _____ Date _____

3.4. AUTHORISATION

SARS:
SDL Number:

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Details of persons verifying information (either CEO/MD/HR/SDF/Accountant)

1. Name & Surname _____

Signature _____

Name of organisation (if external SDF) _____

Position in organisation _____

Date _____

2. Name & Surname _____

Signature _____

Position in organisation _____

Date _____

It is important to note that the Services SETA will not be able to approve any grant payments to organisations without 2 (two) original signatures above.