



### FUNDING APPLICATION FORM FOR INTERNS

Name of Employer Applying for the Intern Grant: \_\_\_\_\_

Skills Development Levy number of employer: L\_\_\_\_\_

Is this employer a contributing member of the Services SETA?

 Yes

or

 No

*If NO tick one of the following;*

Non Levy Paying Enterprises (NLPE's)

Non Government Organisation (NGO)

Community Based Organisation (CBO)

Community Based Co-operatives

Physical Address of the employer applying for the Intern grant:

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**Contact Persons name:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**COMPANY CONTACT PERSON**

*(Strictly a person who was involved in completing this document)*

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_ Initials \_\_\_\_\_

Designation \_\_\_\_\_

Telephone Number (work) \_\_\_\_\_

Cell Number \_\_\_\_\_

Fax Number (work) \_\_\_\_\_

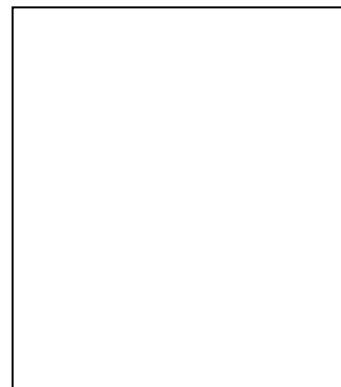
E-mail Address \_\_\_\_\_

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<u>1.4 CONFIRMATION OF BANKING DETAILS</u>	
<i>Name of bank</i>	
<i>Account number</i>	
<i>Name of account holder</i>	
<i>**Type of account</i>	
<i>Branch name</i>	
<i>Branch code</i>	

*\*\* A copy or a cancelled cheque or a bank stamp to verify bank details*

*This is mandatory*



**FOR BANK USE:**

*Date stamp of bank certified as correct*

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

**Compiled by**

**Designated Signatory**

**CEO/CFO**

**Date**

**Authorised by**

**Designated Signatory**

**Financial Manager**

**Date**

**Company/Entity Registration Number**

**Company/Entity VAT Registration Number**

**Section 21 Number**



**PART E**

If Services SETA needs to source the intern for the employer, indicate what qualification the intern is required to have.

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Indicate if there is a mentor in place to guide the intern through the programme :

 Yes No

**If Yes complete the following:**

Name of Mentor: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Date of Completion:	
Employer Representative ( <i>name in full</i> ):	
Designation of employer representative:	
Signature:	

**For Services SETA use only:**

<b>Date of Application received</b>	<b>Region</b>	<b>Accepted and Quality Assured By: ( <i>Full Name and Signature</i> )</b>

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