



## 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								<b>Services SETA levy paying company</b>		Yes	No
ENTITY TYPE (PLEASE TICK - X)											
Private	<input type="checkbox"/>	Public Service	<input type="checkbox"/>	State owned enterprise	<input type="checkbox"/>	SMME	<input type="checkbox"/>	NPO	<input type="checkbox"/>		
NGO	<input type="checkbox"/>	CBO	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	Other (please give details)					
ENTITY SIZE (PLEASE TICK BELOW - X)											
Micro (1 to 10 Employees)	<input type="checkbox"/>	Small (11 to 49 Employees)	<input type="checkbox"/>	Medium (50 to 149 Employees)	<input type="checkbox"/>	Large (150+ Employees)					
CONTACT PERSON											
Full Name							Designation				
Contact number							E-mail address				
ALTERNATIVE CONTACT PERSON											
Full Name							Designation				
Contact number							E-mail address				
Physical Address											
Address											
Postal code					Province						

### Supporting document that must be attached to application:

- Valid Tax registration certificate
- CIPC registration



LEARNING INTERVENTION DETAILS (PLEASE TICK BELOW IF YOU ARE APPLYING TO A LEARNERSHIP OR APPRENTICESHIP - X)			
Learnership		Apprenticeship	
Learnership/Apprenticeship details			
SETA qualification registered with?		Qualification ID	
Learnership Title		Learnership Registration number	
<b>Number of employed</b>		<b>Number of unemployed</b>	

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

EMPLOYER DECLARATION (PLEASE TICK BELOW - X)		
<i>Please note that any false declaration may lead to the termination of the performance contract with the SSETA</i>		
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

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