

## TVET COLLEGE APPLICATION FORM FOR FUNDING OF TVET LEARNERSHIP PROGRAMME

### NAME OF TVET COLLEGE AND PROVINCE:

<b>NAME:</b>	<b>PROVINCE:</b>
--------------	------------------

### CONTACT DETAILS:

	Name	Contact Number	Email address
Programme Coordinator			
Secondary Contact Person			
College Principal or Authorized Signatory			

### APPLICATION INFORMATION:

Name of the Learnership	Learnership Code	Total number of learners per application	Intended commencement date	Intended end date

**ALL APPLICATIONS FORWARDED TO [learnerships@inseta.org.za](mailto:learnerships@inseta.org.za) (NOTE: NO APPLICATION WILL BE ACCEPTED IF SENT TO THE INSETA PERSONNEL PERSONAL EMAIL ADDRESS)**

\* It is an offence in terms of the Skills Development Act of 1998 to provide false or misleading information in this Application.

\* Your application will be rejected should false or misleading information be found.

\* INSETA reserves the right to verify the documented responses.

I \_\_\_\_\_ (Full Names),  
in my capacity as \_\_\_\_\_ declare that the information  
provided is correct and according to my knowledge, I have authority to bind the TVET accordingly.  
Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed  
Programmes from the INSETA Discretionary Grant Policy and related Guidelines.

Authorized Signatory: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

**For more information or queries in this regard may be emailed to  
[learnerships@inseta.org.za](mailto:learnerships@inseta.org.za) or contact Ms Rebotile Shai on 011 381 8900**