

## SKILLS DEVELOPMENT TRAINING PROVIDERS - APPLICATION FORM TO IMPLEMENT RECOGNITION FOR PRIOR LEARNING (RPL) SUPPORT (2022/23)

|                            |                        |           |
|----------------------------|------------------------|-----------|
| Name of Training Provider: | QCTO Accreditation No: | Province: |
|----------------------------|------------------------|-----------|

### CONTACT DETAILS:

|  | Full Name & Designation | Contact Number | Email address |
|--|-------------------------|----------------|---------------|
| Programme Coordinator                                  |                         |                |               |
| Authorized official who will sign the funding contract |                         |                |               |

### APPLICATION INFORMATION

| Qualification Title | SAQA ID Number | Number of Learners | PRICE PER LEARNER (Excl. EISA) | Overall TOTAL Amount (excl. EISA) |
|---------------------|----------------|--------------------|--------------------------------|-----------------------------------|
|                     |                |                    |                                |                                   |
|                     |                |                    |                                |                                   |
|                     |                |                    |                                |                                   |

**NB:** SDP cost/amount per learner to support candidates must be stated (**compulsory**) – cap amount = R15 000/candidate. This cost must exclude EISA exam fees.

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, ....., in my capacity as .....: of .....  
(Training Provider) declare that the information provided is correct and according to my knowledge, I have authority to bind the Training Provider accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme from the INSETA Discretionary Grant Policy and related Guidelines.

**Signature & Designation:**

Date: .....

For more information or queries and submission of the application in this regard may be emailed to [rpl@inseta.org.za](mailto:rpl@inseta.org.za) or telephone 011 381 8900

NB – applicants must submit fully completed/signed form and the following attachments:

- i. ***Proof of valid QCTO accreditation.***
- ii. ***Proposed draft implementation plan.***
- iii. ***Declaration of previous experience in implementing occupational qualifications.***