

APPLICATION FORM FOR FUNDING

TO PUBLIC TVET COLLEGES TO
PROVIDE SKILLS PROGRAMME TO
UNEMPLOYED YOUTH.

Name of TVET College >

Region >

Contact details >

	Name	Contact Number	Email address
Programme Coordinator			
Principal or details of person who will sign the funding contract			

⌵ Please indicate in the table below, the skills programme detail that you are able to deliver training between 1 June to 31 August 2019

	Programme 1	Programme 2	Programme 3
Qualification Title			
Name of Skills Programme			
Unit Standards Title			
Total Credits			
Duration			
Campus			
SETA ETQA Accredited to			
Cost Estimate			

Please indicate a total number per class: ⌵

Minimum number per class		Maximum number per class		Total number applying for	
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THIS APPLICATION SHOULD BE SENT TO:

skillsprogram-youth@inseta.org.za

- * 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

skillsprogram-youth@inseta.org.za or contact

Ms Siphiwe Yende or Mrs Nomaswazi Malinga on 011 381 8900