

# APPLICATION FORM FOR FUNDING

FOR TVET COLLEGES FUNDING OF  
WORK INTEGRATED LEARNING  
PROGRAMME

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			

Application information ▾

This application form must be submitted with ANNEXURE A attached

NB. complete information according to the qualification you are applying for per table below

Qualification	Total number of learners per qualification	Intended commencement date	Intended end date
Business Management			
Financial Management			
Human Resource Management			
Marketing Management			
Management Assistant			

**THIS APPLICATION SHOULD BE SENT TO:**

[wil@inseta.org.za](mailto:wil@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**

[wil@inseta.org.za](mailto:wil@inseta.org.za) or contact

**Ms. Busisiwe Budulwayo on 011 381 8900**