**APPLICATION FORM FOR INSETA EMPLOYERS FOR FUNDING OF WORK INTEGRATED LEARNING PROGRAMME**

**NAME AND SDL NUMBER OF EMPLOYER:**

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**CONTACT DETAILS:**

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| --- | --- | --- | --- |
|  | **Name**  | **Contact Number**  | **Email address** |
| Programme Coordinator  |  |  |  |
| Details of the authorized signatory who will sign the funding contract  |  |  |  |

**APPLICATION INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| **Employer Name**  | **Province** | **Qualification** | **Total number of learners per qualification** | **Intended commencement date** | **Intended end date** | **Name of the TVET or UOT to work with**  |
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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 company. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme 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** or contact Ms. Phumelele Sithole on 011 381 8900