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INSURANCE SECTOR EDUCATION AND TRAINING AUTHORITY

Working together for a skilled tomorrow

HOST **EMPLOYER/COMPANY APPLICATION FORM** FOR **FUNDING** OF **WORK INTEGRATED LEARNING PROGRAMME** FOR TVET LEARNERS

NAME OF HOST EMPLOYER/COMPANY: .....

PROVINCE: ..... SDL NO: .....

PHYSICAL ADDRESS OF HOST SITE: .....

.....

CONTACT DETAILS

	Name and designation	Contact number	Email address
Programme Coordinator			
Secondary Contact Person			
Official authorized representative who will sign the funding contract			

APPLICATION INFORMATION

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

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ALL APPLICATIONS FORWARDED TO wil@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 **Host Employer/Company** 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*** or contact **Ms. Phumelele Sithole** on **011 381 8900**

www.inseta.org.za