**APPLICATION FOR A DISCRETIONARY GRANT**

**INTERNSHIPS**

**DG 2022/23 FY**

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| **REFERENCE NUMBER** | **PSETA/DG2022-23/INT-01** |

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| **SECTION 1: DETAILS OF THE APPLICANT** | | | | | | | | | | | |
| **Name of Applicant** |  | | | | | | | | | | |
| **Field of Study** | **Please Tick Relevant Box** √ | | | | | | | | | | |
| Financial and Supply Chain Management | | |  | Law | | | | |  | |
| Marketing Management | | |  | Risk Management | | | | |  | |
| Communications | | |  | Internal Audit | | | | |  | |
| Human Resource Management | | |  | Public Management | | | | |  | |
| Public Administration | | |  |  | | | | | | |
| **Applicant’s Skills Development Levy Number** | **Levy No.** | | | | **SETA:** | | | | | | |
| **Company/Organisation Size** | **Small (0-49)** | | **Medium (50-149)** | | | | **Large (150 or larger)** | | | | |
| **Are you a? (please tick relevant box)** | National Department |  | Provincial Department | | |  | Public Entity |  | Other | |  |
| **Address** | **Physical Address:** | | | | **Postal Address:** | | | | | | |
| **Name of Local Municipality** |  | | | | | | | | | | |
| **Province** |  | | | | | | | | | | |
| **Contact Person** |  | | | | | | | | | | |
| **Mobile Number** |  | | | | | | | | | | |
| **Telephone Number** |  | | | | | | | | | | |
| **Fax Number** |  | | | | | | | | | | |
| **Email** |  | | | | | | | | | | |
| **LEARNER AND GRANT INFORMATION** | | | | | | | | | | | |
| **Number of learners** |  | | | | | | | | | | |
| **Total Cost Per Learner** | R | | | | | | | | | | |
| **Total Grant Requested** | R | | | | | | | | | | |

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| **PREVIOUS PSETA GRANTS AWARDED** | | | | |
| **Previous PSETA Grants** | **Date** | **Amount** | | |
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| **SECTION 2: DECLARATION BY THE APPLICANT** | | | | |
| I, the undersigned, taking responsibility for the applicant’s organization certify that: | | | **Yes** | **No** |
| 1. The information contained in this application is correct | | |  |  |

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| **Declaration of Interest** | **Yes** | **No** |
| Are you or any person connected with the application employed by the SETA?  If so, state particulars:………………………………. |  |  |
| Do you or any person connected with the application have any relationship (family, friend, other) with a person employed by the SETA, or a member of the PSETA Board?  If so, state particulars: ……………………………………. |  |  |
| Are you or any person connected with the application aware of any relationship (family, friend, other) between the applicant and any person who may be involved in the evaluation or approval of this application?  If so, state particulars: ……………………………………. |  |  |

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| **SECTION 3: PROPOSED IMPLEMENTATION PLAN** | |
| **INTRODUCTION** | |
| **This section should include a brief description of the environment and of circumstances, which have given rise to the application to deliver on this programme.** | |
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| **PROJECT ACTIVITIES WITH TIMELINES** | |
| **Describe the key activities that will be achieved by the project that are necessary to reach the goal and objective identified above. The deliverables should be measurable e.g. 30 learners will be recruited by 24 November.** | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
|  |  |
| **LEARNER SUPPORT PLAN** | |
| **Detailed structure of internship programme including information on identified coaches and mentors and how learners will be supported (Learner Support Plan)** | |
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| **MONITORING AND EVALUATION** | |
| **What systems will be put in place to monitor whether the project is on track to deliver on outputs?** | |
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| **PROJECT TEAM AND ROLES** | |
| **Outline the project team who will be responsible for the project. Please insert names and contact details at each level.** | |
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| **APPLICATION SIGN-OFF** | | | |
| **Signature (Authorised person)** |  | **Date & Place** |  |
| **Name** |  | **Designation** |  |