**APPLICATION FOR A DISCRETIONARY GRANT**

**WORK INTEGRATED LEARNING**

**DG 2022/23 FY**

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

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| **SECTION 1: DETAILS OF THE APPLICANT** | | | | | | | | | |
| **Name of Applicant** |  | | | | | | | | |
| **Application in respect of** | **Work Integrated Learning** | | | | | | | | |
| **Please tick programme/s applying for** | **Public Management** |  | **Management Assistant** | | | |  | **Human Resource Management** |  |
| **Applicant’s Skills Development Levy Number** | **Levy No.** | | | | | | **SETA:** | | |
| **Institution Type (Tick Appropriate)** | **TVET College** | | | |  | | **University of Technology** | |  |
| **Company/Organisation Size** | **Small**  **(0-49)** | | **Medium**  **(50-149)** | | | | | **Large**  **(150 or larger)** | |
| **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 | | | | | | | | |
| **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 organisation certify that: | **Yes** | **No** |
| 1. The information contained in this application is correct; and |  |  |
| 1. The Institution declares its commitment to find suitable workplaces for learners in line with the numbers applied for |  |  |

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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** |

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| **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 IMPLEMENTATION PLAN**  **(INCLUDING KEY 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. |  |
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| **LEARNER PLACEMENT PLAN** | |
| **An indication of where and by when learners will be placed in line with the numbers requested as well as the qualification (suitability of workplace)** | |
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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** |  |