**APPLICATION FOR A DISCRETIONARY GRANT**

**LEARNERSHIP FOR EMPLOYED LEARNERS**

**OCCUPATIONAL QUALIFICATIONS**

**DG 2024/25 FY**

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| **REFERENCE NUMBER** |  |

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| --- | --- |
| **Name of Skills Development Provider** |  |
| **QCTO Accreditation Number** |  |

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| **SECTION 1: DETAILS OF THE SKILLS DEVELOPMENT PROVIDER** |
| **Name of Skills Development Provider** |  |
| **Learnership applying for:** | **PUBLIC SERVICE ADMINISTRATOR LEVEL 5**  |
| **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** |  |
| **Email** |  |
| **LEARNER AND GRANT INFORMATION** |
| **Number of learners applying for** |  |
| **Total Cost Per Learner** | R |
| **Total Grant Requested** | R |
| **PREVIOUS PSETA GRANTS AWARDED**  |
| **Previous PSETA Grants** | **Date** | **Amount** |
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| **PROPOSED ASSESSOR(S) INFORMATION**  |
| **Name of the Assessor(s) for this application** | **Identity Number** | **PSETA Registration Number** |
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| **PROPOSED MODERATOR(S) INFORMATION**  |
| **Name of the Moderator(s) for this application** | **Identity Number** | **PSETA Registration Number** |
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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
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| 1. We understand that PSETA allocates funds at its discretion, we have no valid claim against PSETA should the grant not be awarded to our organisation.
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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: PROJECT PROPOSAL** |
| **DETAILED PROJECT PLAN (METHODOLOGY AND APPROACH)** |
| **PROJECT VISION** **(What the project is meant to achieve)** |
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| **PROJECT SCOPE****(Define the scope of the project and the logical boundaries of the project)** |
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| **DELIVERABLES** **(Describe the key deliverables 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 March.)** |
| **#** | **Deliverable** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **PROJECT ACTIVITIES** **(For each project deliverable mentioned, outline the major project activities that are necessary to achieve the stated deliverable. There are usually several project activities required in order to achieve a deliverable.)** |

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| **Deliverable #** | **Project Activities to achieve each Deliverable** | **Expected implementation date** |
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| **RISK MANAGEMENT PLAN**(**Risks identified must relate to its impact on not meeting the projects timelines, objectives, etc.**) |
| **No** | **Risk identified** | **Risk Mitigation plan** |
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| **REPORTING PLAN**(**Please outline key reports to be produced and proposed timelines**)  |
| **No** | **Details of the report** | **Expected reporting date** |
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| **DEMONSTRATED EXPERIENCE OF IMPLEMENTING THE LEARNERSHIP OR SIMILAR PROGRAMME****(Please provide detailed explanation of learnership or similar programmes implemented in the past – special attention to where they were implemented and how you dealt with the challenges, if occurred. PLEASE BE DETAILED)****NB! INCLUDE REFERENCE LETTERS** |
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| **EXPERTISE OF THE TEAM FOR THE IMPLEMENTATION OF THIS LEARNERSHIP OR SIMILAR PROGRAMME****(Please list the team members, their roles, names, contact details as well as their knowledge and experience in delivering training of this nature. Please include their CVs)** |
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| **APPLICATION SIGN-OFF** |
| **Name Signature** |  | **Designation**  |  |
| **Signature (Authorised person)** |  | **Date** |  |