**DISCRETIONARY GRANT**

**2017-2018**

**LEARNING PROGRAMMES APPLICATION FORMCLOSING DATE: 21 January 2017**

**Applications are to be submitted to the FoodBev SETA**

DG17-18@foodbev.co.za

***THE APPLICATION MUST BE COMPLETED COMPREHENSIVELY***

***THE PIVOTAL PLAN AND PIVOTAL REPORT (IN FORMAT OF WSP) NEEDS TO BE ATTACHED TOGETHER WITH THE APPLICATION FORM.***

***REQUESTED TO SUBMIT ONLY THE COMPLETED SECTIONS***

***FOR OFFICE ONLY***

|  |  |
| --- | --- |
| ***Date Received*** |  |
| ***Reference Number*** | *DG17-18/FW1/*  |
| ***Date Evaluated***  |  |
| ***Date approved*** |  |

**SECTION A: APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name of Applicant/ Organisation** |  |
| **Organisation Category** | Levy Payer  | Non Levy payer |
| **Skills Development Levy Number *(if levy payer)*** | L |
| **Period Of Company Existence** | Less than 1 year |  | 2-5 years |  | 6-10 years |  | > 10 years |  |
| **Company Registration Number *(Cipro No.)*** |  |
| **Vat Registration Number** |  |
| **Type of Company**  | SME |  |
| NGO |  |
| Corporative |  |
| CBO |  |
| Trade Union |  |
| **Applicant/Organisation Contact Person** | Name |  |
| Designation |  |
| Telephone Number |  |
| Mobile Number |  |
| Fax Number |  |
| Email Address |  |
| **Physical Address Of Applicant** |  |
| Municipality |  |
| Province |  | Code |  |
| **Postal Address Of Applicant *(if not the same as above)*** |  |
|  |
| Municipality |  |
| Province |  | Code |  |
| **Size of business and number****of employees** | **Business Size** | **No. of permanent****employees** | **Specify exact number of****permanent employees** |
| Micro |  | 0 – 9 |  |
| Small |  | 10 – 49 |  |
| Medium |  | 50 – 149 |  |
| Large |  | +150  |  |
| **Main activities of business** |  | **SIC CODE:** |
| **Total annual payroll for all employees** | **R** |
| **Chamber Focus:** | **BEVERAGES** | **BCCS** | **DAIRY** | **FOODPREP** | **PROCESSED** |

**Summary of Learning Programmes applied for:**

Kindly indicate the training interventions that your organisation is applying for.

**SECTION A**

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| **PIVOTAL Grant**  | **Yes** |  | **No** |  |

|  |  |  |
| --- | --- | --- |
| **Name of Learning Programmes** | **Total number of learners** | **SOURCE OF FUNDING** |
| **SETA Funded** | **Unfunded** |
| Learnerships Grant (Unemployed) |  |  |  |
| Learnerships Grant (Employed)  |  |  |  |
| Skills Programmes |  |  |  |
| AET Level 1- 4 |  |  |  |
| Work Experience for Graduates **(12 months)** |  |  |  |
| Work Experience for Graduates **(24 months)** |  |  |  |
| Internship **(6 months)**  |  |  |  |
| Internship **(12 months)** |  |  |  |
| Apprenticeships (Employed and Unemployed) |  |  |  |
| Bursaries Employed (Uncapped)- only final year  |  |  |  |
| Bursaries Employed (Leadership) |  |  |  |
| Public TVET Placement **(6 months)** |  |  |  |
| Public TVET Placement **(12 months)** |  |  |  |
| Public TVET Placement **(18 months)** |  |  |  |

**SECTION B**

**LEARNERSHIP DETAIL:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFO Code** | **LEARNERSHIP Title** | **Registration number** | **training provider** | **accreditation number** | **number of 18.1** | **number of 18.2** | **start date** | **end date** |
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**TRAINING PROVIDER DETAILS:**

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| --- | --- | --- | --- |
| **Name: Training Provider** | **Accreditation Status** | **Accreditation Body** | **Qualifications (***attach proof of accreditation letter per applied programme***)** |
|  |  |  |  |
| **Location / site for practical exposure** | **Timeframe for Theory** *(duration)* | **Timeframe for Practical** *(duration)* | **Mentors details** |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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**A DETAILED IMPLEMENTATION PLAN MUST ACCOMPANY THIS APPLICATION**

**SECTION C**

**SKILLS PROGRAMME DETAILS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OFO Code** | **Skills Programme Title** | **Registration number** | **training provider** | **accreditation number** | **number of 18.1** | **start date** | **end date** |
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**TRAINING PROVIDER DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name: Training Provider** | **Accreditation Status** | **Accreditation Body** | **Qualifications (***attach proof of accreditation letter per applied programme***)** |
|  |  |  |  |
| **Location / site for practical exposure** | **Timeframe for Theory** *(duration)* | **Timeframe for Practical** *(duration)* | **Mentors details** |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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**A DETAILED IMPLEMENTATION PLAN MUST ACCOMPANY THIS APPLICATION**

**SECTION D**

**ARTISAN DETAILS**

1. Fitter  **5**. Other (Please specify)
2. Millwright
3. Fitter and Turner
4. Electrician

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| --- | --- | --- | --- | --- |
| **OFO Code** | **Artisan Title** | **number of Learners** | **start date** | **end date** |
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**TRAINING PROVIDER DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name: Training Provider** | **Accreditation Status** | **Accreditation Body** | **Qualifications (***attach proof of accreditation letter per applied programme***)** |
|  |  |  |  |
| **Location / site for practical exposure** | **Timeframe for Theory** *(duration)* | **Timeframe for Practical** *(duration)* | **Mentors details** |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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**A DETAILED IMPLEMENTATION PLAN MUST ACCOMPANY THIS APPLICATION**

**SECTION E**

**WORK EXPERIENCE FOR UNIVERSITY GRADUATES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OFO Code** | **QUALIFICATION/SCARCE SKILL** | **duration** **(12 months)** | **duration** **(24 months)** | **number of Learners** | **start date** | **end date** | **numbers to assist to find employment** |
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| **Physical location of site for practical workplace exposure**  |  | **Name and contact detail of workplace mentor/s** |  | **Time to be spent on structured practical workplace exposure (number of days)** |  |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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**SECTION F**

**UNEMPLOYED INTERNSHIP**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OFO Code** | **QUALIFICATION/SCARCE SKILL** | **Duration** **(6 months)** | **Duration** **(12 months)** | **Number Of Learners** | **Start Date** | **End Date** | **Numbers To Assist To Find Employment** |
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| **Physical location of site for practical workplace exposure**  |  | **Name and contact detail of workplace mentor/s** |  | **Time to be spent on structured practical workplace exposure (number of days)** |  |
|  |  |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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**SECTION G**

**TVET PLACEMENT DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFO Code** | **QUALIFICATION/SCARCE SKILL** | **Duration****(6 months): Number** | **Duration** **(12 months): Number** | **Duration** **(18 months): Number** | **Total Number Of Learners** | **Start Date** | **End Date** | **Numbers To Assist To Find Employment** |
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| **Physical location of site for practical workplace exposure**  |  | **Name and contact detail of workplace mentor/s** |  | **Time to be spent on structured practical workplace exposure (number of days)** |  |
|  |  |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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**SECTION H**

**ADULT EDUCATION + TRAINING (AET) PROGRAMME DETAILS**

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| --- | --- | --- | --- | --- |
| **Programmes** | **Literacy** | **Numeracy** | **Start Date** | **End Date** |
| Number of employees to be registered on ABET 1 **(Non-PIVOTAL)** |  |  |  |  |
| Number of employees to be registered on ABET 2 **(Non-PIVOTAL)** |  |  |  |  |
| Number of employees to be registered on ABET 3 **(Non-PIVOTAL)** |  |  |  |  |
| Number of employees to be registered on ABET 4  |  |  |  |  |

**TRAINING PROVIDER DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name: Training Provider** | **Accreditation Status** | **Accreditation Body** | **Qualifications (***attach proof of accreditation letter per applied programme***)** |
|  |  |  |  |
| **Location / site for practical exposure** | **Timeframe for Theory** *(duration)* | **Timeframe for Practical** *(duration)* | **Mentors details** |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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**A DETAILED IMPLEMENTATION PLAN MUST ACCOMPANY THIS APPLICATION**

**SECTION I**

**EMPLOYED BURSARIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OFO Code**  | **Name of Qualification** | **Institution where studies will be done** | **Name and Surname of Learner** | **Tuition Fees(on quotation)** | **Start Date** | **End Date** |
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| **Equity Breakdown****Of learners** | **African** | **Coloured** | **Indian** | **White** | **Total** |
| **Numbers** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** | **M** | **F** | **D** |
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***Annexure A – PIVOTAL REPORT***

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| **SECTION - ACTUAL PIVOTAL TRAINING**  |
|  **OFO Code** | **Occupational Category** | **Socio Economic Status (Employed or Unemployed)** | **PIVOTAL Programmes**  | **NQF Level** | **Indicate the NUMBER trained at** | **Total** | **Duration of Learning Programme** | **Total Actual Cost** |
| **Basic Entry (NQF Levels 1-3),**  | **Intermediate (NQF Levels 4-5)** | **Advanced Level: NQF Level 6 -10** | **Start date** | **Finish Date** |
|   |   |   |   |   |  |  |  |  |   |   |   |
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|   **Total** |  |  |  |   |   |   |  |

**REPORT ON PREVIOUS FINANCIAL YEAR COMPLETED TRAININGS THAT WERE NOT REPORTED**

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| --- |
| **SECTION - PLANNED PIVOTAL TRAINING** |
|  **OFO Code** | **OCCUPATIONAL CATEGORY** | **Socio Economic Status (Employed or Unemployed)** | **PIVOTAL Programmes**  | **NQF Level** | **Indicate the NUMBER OF EMPLOYEES to be trained:** | **Total** | **Estimated Start Date** | **Estimated End Date** | **Total Budgeted Cost** |
| **Basic Entry (NQF Levels 1-3),**  | **Intermediate (NQF Levels 4-5)** | **Advanced Level: NQF Level 6 -10** |
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| **Total** |  |  |  |   |  |  |  |

| **POST GRADUATE: LIST OF APPLICABLE PROGRAMME** |
| --- |
| 1. **Engineering:**
* Electrical/ Electronics
* Mechanical
* Industrial
* Materials
* Marine
* Chemical
* Skipper
 | 1. **Food and Nutrition:**
* Consumer Science: Food and Nutrition
* Food Science
* Food Technology
* Food Production Management
 |
| **C) Commerce:*** Accounting/Finance
* Sales/ Marketing
 | **D) General:*** Production Management
* Packaging and Operation Management
* Occupational Health, Safety
* Environmental Science/Health
* Quality systems
* Human Resources Management
* Chemistry
* Leadership Programmes
 |
|  |

**SECTION J**

**AUTHORISATION OR DECLARATION**

*I, the undersigned submit this information in fulfilment of this entity's legal obligation in terms of the skills development legislation and regulations. I declare that, to the best of our knowledge, the information contained in the application is accurate and up to date.*

*I recognise that any inaccurate statement in this document may constitute fraud and be subject to the full penalty of the law.*

|  |
| --- |
| ***Employer (Duly authorised person to sign)*** |
| Name |  |
| Position in company  |  |
| Signature |  |
| Date |  |

**SECTION K:**

**SELF ASSESSMENT CHECKLIST**

**KINDLY ENSURE THAT THE APPLICATION IS ACCOMPANIED BY THE FOLLOWING DOCUMENTS**

**(***Failure to submit incomplete application and all required documents will result in the application being disqualified):*

|  |  |
| --- | --- |
| **DOCUMENTS** | **SUBMITTED** |
| **YES** | **NO** |
| Submitted a mandatory grant application for 2016-2017 |  |  |
| Up to date with levy contributions for 2016-2017 (EMP201) |  |  |
| Submitted the PIVOTAL Plan and Report |  |  |
| Original valid Tax clearance certificate or letter of exemption |  |  |
| Implementation Plan (18.1; 18.2; AET; Skills Programmes & Apprenticeships) |  |  |
| Certified copies of the organisation’s registration certificate |  |  |
| Training Provider Accreditation Letter per Applied Programme |  |  |