

**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](mailto: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***

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

**SECTION A: APPLICANT DETAILS**

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| **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)*** | |  | | | | | | | | | | | | | | | | |
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| 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** |  |

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| **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:**

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| **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:**

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| **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:**

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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 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:**

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| **Name: Training Provider** | | | | **Accreditation Status** | | | | | | **Accreditation Body** | | | | **Qualifications (***attach proof of accreditation letter per applied programme***)** | | | | |
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| **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**

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| **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:**

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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 I**

**EMPLOYED BURSARIES**

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| **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 |  |  |