

**2018/19 DISCRETIONARY GRANT (DG) FUNDING WINDOW**

INSETA hereby notifies ***only Small Micro Enterprises (with 1-49 employees)*** in the Insurance and related services sector and registered with INSETA, that applications for funding is now open.

The application window for 2018/19 is open from ***21 FEBRUARY 2019 and applications will be accepted until 22 MARCH 2019***

**The beneficiaries must have completed a Skills programme between 01 April 2018 and 28 FEBRUARY 2019 and are in possession of verified statement of results from the Quality Assuring SETA**

**Important to note:**

1. Only companies whose core business falls within the INSETA scope and have submitted a WSP and ATR for the 2018/19 financial year may apply.
2. Levy payments must be up to date (for levy-paying companies)
3. Employers may only apply for funding on ONE of the grant programmes per learner
4. Previous track record for SETA funded training will be considered in funding application
5. Funding allocation will be guided by scarce and critical skills list (as attached)

**Skills Programme for Workers criteria:**

* Duly accredited, credit bearing short learning programme
* Must have submit WSP/ATR for 2018/19
* Learners must be employed by Company
* Minimum duration of training 3 days and maximum duration of training 6months
* Minimum credits 10 credits
* The programme supports both Public and Private Higher Education institutions
* The Skills Programme must be aligned to the Scarce and Critical Skills List
* The programme will no support non-accredited programmes And Programmes not on critical & scarce skills list
* Grant amount will be per quote (a minimum as per Institution quote and maximum of R7 500.00 per learner)

**PLEASE ATTACH THE FOLLOWING DOCUMENTS WITH THE APPLICATION:**

1. **CERFITIED ID COPY OF EMPLOYEES THAT COMPLETED SKILLS PROGRAMME**
2. **CONFIRMATION OF REGISTRATION FROM THE TRAINING PROVIDER**
3. **QOUTE OR INVOICE FROM TRAINING PROVIDER CONFIRMING PROGRAMME COST**
4. **VERIFIED STATEMENT OF RESULTS FROM THE TRAINING PROVIDER**

Complete the attached application form and get authorised signatory sign off.

##### Description: Description: cid:image001.gif@01CD4ED6.4DD7AB40

##### APPLICATION FOR DISCRETIONARY GRANT FUNDING FOR 2018/19 for Small Micro Enterprises

**Company Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Levy Number** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS APPLICATION SHOULD BE SENT TO SP4WCashGrant@inseta.org.za**

* It is an offence in terms of the Skills Development Act of 1998 to provide false or misleading information in this Application.
* Your application will be rejected should false or misleading information be found.
* INSETA reserves the right to verify the documented responses.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full Names), in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the information provided is correct and according to my knowledge, I have authority to bind the company accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programmes from reading the INSETA Discretionary Grant Policy and related Guidelines.

**Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Signature**

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**Date Date**

1. **SKILLS PROGRAMME FOR WORKERS GRANT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Skill Programme Name*** | ***NQF Level*** | ***Skill Programme Duration*** | ***Cost Per Learner*** | ***Training Provider Name*** | ***No. of Learners*** | | | | ***Total Amount Applied For*** |
| **Male** | **Female** | **Disabled** | ***Total*** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| ***Total*** | | | | |  |  |  |  |  |

**All enquiries with regard to Skills Programmes for Workers applications must be sent to: SP4WCashGrant@inseta.org.za**