**SKILLS DEVELOPMENT TRAINING PROVIDERS - APPLICATION FORM TO IMPLEMENT RECOGNITION FOR PRIOR LEARNING (RPL) SUPPORT (2021)**

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| --- | --- | --- |
| **Name of Training Provider:** | **INSETA Accreditation No:** | **Province:** |

**CONTACT DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name & Designation** | **Contact Number**  | **Email address** |
| Programme Coordinator  |  |  |  |
| Official authorized representative who will sign the funding contract  |  |  |  |

**APPLICATION INFORMATION**

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| --- | --- | --- | --- | --- |
| **Qualification Title** | **SAQA ID Number** | **NQF Level** | **Number of Learners** | **PRICE PER LEARNER (Excl. FISA)** |
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|  |  |  |  |  |

**NB:** Inclusive SDP cost/amount per learner to support candidates must be stated ***(compulsory)***. This cost must exclude the management of the FISA exam.

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, ……………………………, in my capacity as …………………….: of …………………………….. (Training Provider) declare that the information provided is correct and according to my knowledge, I have authority to bind the Training Provider accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme from the INSETA Discretionary Grant Policy and related Guidelines.

**Signature & Designation:**

Date: ……………..

For more information or queries and submission of the application in this regard may be emailed to nyikom@inseta.org.za or telephone 011 381 8900

NB – applicants must submit fully completed/signed form and the following attachments:

1. ***Proof of INSETA accreditation***
2. ***Proposed draft implementation plan***
3. ***Proof of previous learnership programs implemented i.e. SETA signed verification reports, letter of recommendation etc.***