

**TVET COLLEGE APPLICATION FORM FOR FUNDING OF WORK INTEGRATED LEARNING PROGRAMME
FOR 2022/23 FINANCIAL YEAR**

NAME OF TVET COLLEGE AND PROVINCE:

NAME:	PROVINCE:
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CONTACT DETAILS:

	Name	Contact Number	Email address
Programme Coordinator			
Secondary Contact Person			
College Principal or Authorized Signatory			

APPLICATION INFORMATION:

Qualification	Total number of learners per qualification	Intended commencement date	Intended end date
Business Management			
Financial Management			
Human Resource Management			
Sales and Marketing Management			
Management Assistant			

ALL APPLICATIONS FORWARDED TO wil@inseta.org.za (NOTE: NO APPLICATION WILL BE ACCEPTED IF SENT TO THE INSETA PERSONNEL PERSONAL EMAIL ADDRESS)

* 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 TVET accordingly.
Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed
Programmes from the INSETA Discretionary Grant Policy and related Guidelines.

Authorized Signatory: _____

Date _____

Signature: _____

**For more information or queries in this regard may be emailed to
wil@inseta.org.za or contact Ms. Rosa Sephuma on 011 381 8900**