

SKILLS DEVELOPMENT PROVIDER (SDP) APPLICATION FORM FOR FUNDING OF SKILLS PROGRAMME FOR UNEMPLOYED YOUTH

NAME OF SDP AND PROVINCE:

NAME:	PROVINCE:
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CONTACT DETAILS:

	Name	Contact Number	Email address
Programme Coordinator			
Secondary Contact Person			
SDP Authorized Signatory			

APPLICATION INFORMATION: Please only apply for one Skills Programme

Skills Programme	Total number of learners per Skills programme	Cost Per Learner (Tuition fee)
INSETA Introduction to Insurance		
-Compliance & Risk: Program Code – CR49929		
INSETA Introduction to Insurance: - The Sales Process: Program Code – WSP49929		
Other Unit Standard bearing Short Skills Programmes		
Digitilization		
Artificial Intelligence		
Data Analytics		
CyberSecurity		

Please indicate with a tick, Is the SDP accredited for the Skills Programme applied for?

YES ☐ NO ☐

THIS APPLICATION TOGETHER WITH THE CERTIFIED ID COPIES AND MATRIC / NQF LEVEL 4 EXAM RESULTS OF LEARNERS MUST BE SUBMITTED TO INSETA BY CLOSE OF THE 13 April 2022

ALL APPLICATIONS FORWARDED TO SP4Y@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 SDP 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 Name: _____

Date _____

Signature: _____

**For more information or queries in this regard may be emailed to
Sp4y@inseta.org.za or contact Ms. Rosa Sephuma on 011 381 8900**