

APPLICATION FOR BURSARY FOR WORKERS PROGRAM (CONTINUATION OF STUDIES) 2022/2023

Company Name : _____

Levy Number : _____

Contact Person : _____

Contact Number : _____

THIS APPLICATION SHOULD BE SENT TO workerprogrammes@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 Signators _____
Signature

Date

Board Members: Mr. J.S. Ngubane (Chairperson), Ms. V. Pearson (Business), Ms. L. van der Merwe (Business), Ms. R.G. Govender (Business), Ms. P. Mendes (Business), Ms. Z. Motsa (Business), Mr. M. Soobramoney (Labour), Mr. J.J.M. Mabena (Labour), Ms. S.A. Anders (Labour), Mr. C.B. Botha (Labour), Ms. S.T. Dinyake (Labour), Ms. N.B. Jonas (Labour)
Ms. F. Mabaso (Government), Mr. S.M. Mpuru (Community Organisation)

CEO: G. Mkhize

APPLICATION FOR BURSARY FOR WORKERS PROGRAM (CONTINUATION OF STUDIES)

| Student Name & Surname | Institution Name | Qualification Name | NQF Level | Year of Study | Amount Required for 2022/2023 |
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