

**SKILLS DEVELOPMENT TRAINING PROVIDERS – EXPRESSION OF INTEREST TO FACILITATE A SHORT SKILLS PROGRAMME FOR TVET COLLEGE  
LECTURERS IN GAUTENG**

<b>Name of Training Provider:</b>	<b>INSETA Accreditation No:</b>	<b>Province:</b>

**CONTACT DETAILS:**

	<b>Full Name &amp; Designation</b>	<b>Contact Tel, Number</b>	<b>Email address</b>	<b>SIGNATURE</b>
<b>Programme Coordinator</b>				
<b>Authorized official who will sign the funding contract</b>				

**NB:** No EoI sent after the closing date will be considered. Closing date to submit full completed EoI and required attachments is **9<sup>TH</sup> December 2022 (16H00)**

**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. S.J. Kruger (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. F. Mabaso (Government), Mr. S.M. Mpuru (Community Organisation)

**CEO: G. Mkhize**



Working together for a skilled tomorrow

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Telephone: 011 381 8900  
Website: [www.inseta.org.za](http://www.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 .....: of ..... (SDP) 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 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 [BrianN@inseta.org.za](mailto:BrianN@inseta.org.za) or telephone 011 381 8900/18 – Brian Nduli.

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

- i. **Valid Accreditation for Short Term Insurance, NQF Level 4 (SAQA ID 49929)**
- ii. **Three Commitment Letters from Insurance Industry Experts to present at the Insurance Capacitation Day with Profiles of each Speaker**
- iii. **Tax Certificate**
- iv. **Proof of Bank Account Letter**
- v. **CSD Registration**
- vi. **Company Registration**
- vii. **BBBE Affidavit or Certificate**
- viii. **Budget Breakdown**

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