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EXPRESSION OF INTEREST

DG 2022 – 2023 RPL REPLY/APPLICATION FORM

QCTO ACCREDITED SKILLS DEVELOPMENT PROVIDERS TO APPLY FOR FUNDING IN ORDER TO ROLL-OUT RECOGNITION FOR PRIOR LEARNING (RPL) PROGRAMMES

1. ORGANIZATION DETAILS

Name of Training Provider	Company Registration Number	Vat Registration Number	QCTO Accreditation No:	Province:

2. CONTACT DETAILS

	Full Name & Designation	Telephone Number	Cellphone Number	Email address
Programme Coordinator				



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Official authorized representative who will sign the funding contract	Full Name & Designation	Telephone Number	Cellphone Number	Email address

3. QUOTATION PRICE

No.	Occupational Qualification Title	SAQA ID Number	NQF Level	Total Cost Per Learner (Rands)	Number of Learners Applying For	Total Price per Learner Group (Excl. EISA) (Rands)
1.						
2						
Sub- Total						R
Vat @ 15%						R
Total Quotation Price						R

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



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4. ADDITIONAL INFORMATION

- 4.1. It is an offence to provide false or misleading information in this application. Your application will be rejected should false or misleading information be determined through the applicable INSETA validation process(s).
- 4.2. INSETA reserves the right to verify the documented responses.
- 4.3. Enquires or further requests for information, can be directed to Mr Nyiko Maholobela at etgarsvp@inseta.org.za or Telephone (011) 381 8900
- 4.4. Application submissions are to be emailed to etgarsvp@inseta.org.za
- 4.5. **Applicants must submit a fully completed/signed form and include the following attachments:**
 - 4.5.1. **Proof of QCTO SDP accreditation;**
 - 4.5.2. **Proposed draft implementation plan;**
 - 4.5.3. **RPL Self-Evaluation Sheet (for each qualification applied).**



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5. DECLARATION

I,, in my capacity as of(Training Provider name)
declare that the information provided is correct and according to my knowledge, I have the 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: :