



EMPOWERED TO **INFLUENCE** AND **INSPIRE!**

**EXPRESSION OF INTEREST – REPLY/APPLICATION FORM  
DG 2022/23**

**CET COLLEGE MANAGERS RECEIVING SHORT SKILLS TRAINING ON LEADERSHIP OR FINANCIAL MANAGEMENT OR ANY OTHER MANAGEMENT RELATED PROGRAMME  
(2022/2023)**

<b>Name CET College:</b>	<b>Province:</b>
<b>Confirm if Public CET College:</b> (Yes/NO)	<b>Confirm if TVET has an MoU with INSETA (Yes/No)</b>

**NB:** copy of the signed MoU must be attached.

**2. CONTACT DETAILS**

	Full Name & Designation	Telephone Number	Cellphone Number	Email address
<b>Programme Coordinator</b>				
<b>Official authorized representative who will sign the funding contract</b>				

**2. APPLICATION INFORMATION**

**NB: CET College must apply on behalf of staff.**

Staff First Nam(e)	Staff Member Surname	Staff ID Number

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.

**Compulsory attachments:**

- Fully completed application form (authorised signatory sign off)
- Fully completed learner list/SETMIS BI-Tool spreadsheet
- Compulsory attachments:
  - A signed copy of the CET/INSETA MoU.
  - Certified copy of learner ID.
  - Signed proof of employment (letter/contract etc) for each learner.
  - Approval letter from CET approving each learner to attend course.

**For more information or queries in this regard may be emailed to [etqarsvp@inseta.org.za](mailto:etqarsvp@inseta.org.za) or telephone 011 381 8900**

**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: : .....