



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

APPLICATION FOR DISCRETIONARY GRANT FUNDING FOR ADULT EDUCATION & TRAINING

IMPORTANT TO NOTE:

Complete the below application form and get authorised signatory sign off.

Company Name : _____

Levy Number : _____

Contact Person : _____

Contact Number : _____ **E-mail:** _____

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 Signatory: _____

Signature _____

i. ADULT EDUCATION AND TRAINING

Programme Name	NQF Level	Programme Duration	Cost Per Student	Training Provider Name	No. of Student/s				Total Amount Applied For
					Equity	Gender	Disabled	Total	
Total									