**NON-PIVOTAL DG 20/21 FUNDING WINDOW APPLICATION FORM**

Training Providers are invited to apply for the Non-PIVOTAL DG 20/21 Funding Window that has been published to address the targets for the 20/21 financial period.

|  |
| --- |
| **Criteria to be used to allocate funding:**   * Funding applications are submitted to the [TradeUnionProjects@wrseta.org.za](mailto:TradeUnionProjects@wrseta.org.za) by **23 February 2021.** * Applications are made in accordance with the W&RSETA interventions advertised and listed in this application template. * Applicants are SETA Accredited Providers and they have evidence providing that they have Trained Union Members of the Trade Unions represented in the W&RSETA. * Training Providers cannot apply more than the number required, but can apply for less depending on their capacity * All learners must be captured on the **Benefit Template** no later than **10 March 2021** * Learners Agreements, signed by all parties, must be submitted to your nearest Provincial Offices by no later than **19 March 2021**. * Training Provider must have valid SETA Accreditation by one (1) of the 21 (Twenty-One) SETAs. * Training Provider must be in good standing with SARS and must submit a Tax Clearance Certificate * Training must have commenced by **25 March 2021.** |

**SECTION A: APPLICANT DETAILS:**

| Funded Project: | **Non-PIVOTAL DG 20/21 Funding Window** |
| --- | --- |
| Levy Number (*where applicable*): |  |
| Training Provider Registered Name: |  |
| Training Provider Trading Name: |  |
| Name of Contact Person: |  |
| Position / Designation: |  |
| E-mail Address: |  |
| Contact Number (Landline): |  |
| Cell Number: |  |

**SECTION B: INTERVENTIONS TO BE FUNDED**

|  |  |  |
| --- | --- | --- |
| **Targeted Intervention** | **Reference Number** | **Numbers Required** |
| **Non-Credit Bearing Trade Union Front-liners** | **REF: SP/TUF/001** | 2000 |
|  |  |  |

**SECTION C: FUNDING AVAILABLE PER INTERVENTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Intervention** | **Number of Learners** | **Rate Per Learner** | **Stipends Per Learner** | **PPE Support Grant Per Entity** |
| **Trade Union Members**   * NUMSA * SACTWU * SACCAWU * FEDCRAW * ECCAWUSA | 2000 | R1 000.00 | N/A | All included in the Rate Per Learner |
| **TOTAL** |  | **R 2 000 000.00** |  |  |

**SECTION D: APPLICATION PER INTERVENTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intervention** | **Number of Learners Applying for** | **Rate per Learner (Training fee + PPE + Stipend)** | **Total Funding Needed** |
| **Non-Credit Bearing Trade Union Front-liners.** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  | **R** | **R** |

**SECTION E: DECLARATION BY CONTRACTED PARTY**

|  |
| --- |
| **Declaration** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Names) in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Job Title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Employer) hereby declare that the above information is correct and valid. I understand that a misrepresentation on this form or non-compliance with SETA policies and procedures could lead to the rejection of this application. I further understand that I am responsible for ensuring that the allocated funding be utilized for its intended purpose and that such proof must be submitted to W&RSETA upon request. Furthermore, I am authorised to sign this application on behalf of the employer whose information is as stated in Section A above.  **Signed at** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on this** \_\_\_\_\_\_ **day of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **20**\_\_\_\_\_  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***\*\*The application form is to be returned to the email.*** [***TradeUnionProjects@wrseta.org.za***](mailto:TradeUnionProjects@wrseta.org.za) ***for consideration.***

**APPENDIX A\*\*- CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Head Office** | **Contact Person** | **Contact Number** | **Provincial E-mail** |
|  | Sipho A Mkhatshwa | 012 622 9623 | [smkhatshwa@wrseta.org.za](mailto:smkhatshwa@wrseta.org.za) |