**DISCRETIONARY GRANT APPLICATION FOR NEW ARTISAN DEVELOPMENT**

**2021**

**New Grant applications for Artisan Development complete sections A, B, C, D, F and G**

|  |  |
| --- | --- |
| **A. EMPLOYER / STAKEHOLDER DETAILS** | |
| Name of Employer/ Stakeholder |  |
| Sub-Sector (if applicable) | Fruit □ Tobacco □ Sugar □ Poultry □ Pest Control□ Red Meat □ Seed □ Grain □ Milling □ Primary □ Fibre/Tea and Coffee □ |
| **B. COMPANY DETAILS** | |
| Contact Person |  |
| Designation |  |
| Tel/ Cell Number |  |
| E-mail Address |  |
| GPS Coordinates |  |
| SDL Number (if applicable) |  |
| Company Registration Number |  |
| Province |  |
| District Municipality |  |
| Local Municipality |  |
| Physical Address |  |
| Validity of TAX Compliance Status (Period) and Pin Number |  |
| CSD Registration Report |  |
| **C. DETAILS OF A DULY AUTHORISED REPRESENTATIVE OF THE COMPANY** | |
| Contact Person |  |
| Designation |  |
| Telephone/Cell Number |  |
| Email address |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D. APPRENTICESHIPS ( NEW APPLICATION)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1Designated trade | 2Municipality | | 3Race | | | | 4Gen | | 5Disabled | | | | 6Empl | | | 7Learning Type | | | | 8Location | | | | 9Intent | 10Workplace Approved | | | |
| A | | C | I | | W | | M | F | Y | | N | | 18.1 | 18.2 | Appr | | | ARPL | |  | | a | b | c |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
|  |  | |  | |  |  | |  | |  |  |  | |  | |  |  |  | | |  | |  | |  |  |  |  |
| **Explanation about what is required by each of the columns of Grid F.**  1Designated trade must be in accordance with Item 2 of the Practical Guidelines Applicable For Managing Apprenticeships.  2Municipality: The area or district description (name) if it differs from the name of the city/town  3Sub columns of Race, Gender, Disabled, Employment and Section must reflect actual numbers  4Gender: Male or Female 5Disabled: Enter ***Yes*** if the person has a disability or ***No*** I not  6Nature of employment viz. 18.1 Employed Candidate and 18.2 Unemployed Candidate  7Learning Type: Apprenticeship Route or ARPL what had been known to be Section 28  8Physical location / branch where the apprentice will receive training (Use one line each if different locations are to be used for the same designated trade)  9Declaration of intent to train the apprentice; a) to fill a current short term need, or b) to be employed upon achieving artisan status, or c) to be available to industry upon completion of the apprenticeship  10Workplace Approved: Did any SETA / NAMB / INDLELA conduct and issued a workplace compliance declaration; please state by which ETQA If ***YES*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SKILLS DEVELOPMENT PROVIDER DETAILS FOR APPRENTICESHIPS**  Confirmation that the employer engaged in an agreement with an accredited skills development provider to offer training to fill skills gaps imposed by the physical workplace against the designated training schedule/trade. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Skills Development Provider | | | |  | | | | | | | | | | | QCTO Accreditation No: | | | | | | |  | | | | | | |
| Name of Representative Person | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | |
| Tel/ Cell Number | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | |
| Validity of the Accreditation(Period) | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | |
| **WORKPLACE DETAILS**  Details of the actual workplace were the candidate will gain workplace experience under the guidance of a qualified artisan/Mentor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Designated trade** | | **Name of worksite** | | | | | | **Physical address of worksite** | | | | | | | | | | | **SETA Workplace Approval No.** | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | |  | | | | | | | | | |

***entor/apprentice rationompanied with:***

|  |
| --- |
| **E. MOTIVATION** |

Applicants are advised to peruse the new trade test regulations that are available on the AgriSETA Website before completing the application for funding.

Please motivate / elaborate on the following: it will be required that the application will expand on the answer to give us a better understanding about the needs of your organization.

|  |
| --- |
| 1. Is workplace(s) located in rural area or (where?) ……… 2. Compliance against academic requirements; state the selection criteria that will be applied: 3. GR 12 with Mathematics and Science with a minimum aggregate 4. NCV level 2 5. Full N2 (4 engineering related subjects) 6. NQF Level 2 (Applicable to the designated trade) 7. Which TVET College will be used if the candidates do not comply to the Knowledge Component: ………………. 8. Which Accredited skills development provider will be used for the Practical Training Component? ………………….. 9. Are all the workplaces where the candidates will acquire workplace exposure approved? Yes/ No 10. Will applicants be attracted from Historical Disadvantaged Communities? Yes/ No 11. Did the company train Artisans before? Yes/ No 12. Does the employer intent to employ the learners upon completion of the training period? Yes/ No 13. What percentage of learners did the organization employ (previous groups) upon completion of training as artisan? ……% 14. How many apprentices are funded by AgriSETA .……. and by the employer …….? 15. Is the organization an AgriSETA Levy contributor? Yes/ No 16. Are the ETD objectives for Artisan Development of the organization aligned with the Workplace Skills Plan? 17. Compliance to mandatory requirements (TAX Compliance status). please attach copy. 18. SETA workplace approval letter. Please attach copy. 19. Any other information relevant to the application: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**EMPLOYER / STAKEHOLDER SIGNATURE DATE**