



FoodBev SETA

**APPLICATION FOR SKILLS PROGRAMME GRANTS:
APRIL 2011 TO MARCH 2012**

COMPANY DETAIL

Company name				
Skills Development Levy Number				
Copy of latest EMP 201 attached	Yes		No	
SDF Name				
Address: Physical:				
Postal:				
Total permanent employment				
Telephone numbers:				
○ Landline	○			
○ Cell	○			
Fax number				
e-mail address				

SKILLS PROGRAMME DETAIL:

Skills Programme Title and Registration Number		Training Provider			No of Employed Learners	R-value	No of Unemployed Learners		R-value						
1															
2															
3															
Proposed start and end date of skills programme	Skills Programme Title				Date of Submission of Enrollment Forms to FoodBev SETA		Start Date		End Date						
	1														
	2														
	3														
Accreditation Status (please attach proof of accreditation)	Provider Name				Accreditation Body		Qualification/Skills Programme for which provider is accredited								
Physical location of site for practical workplace exposure															
Name and contact detail of workplace mentor/s															
Time to be spent on theory training (number of days)															
Time to be spent on structured practical workplace exposure (number of days)															
Equity Breakdown Unemployed learners	African			Coloured			Indian			White			Total		
	M	F	D	M	F	D	M	F	D	M	F	D	M	F	D
Numbers															
Percentage															