



EXPRESSION OF INTEREST FOR FUNDING OF LEARNERSHIPS 2015/2016

The Health and Welfare Sector Education and Training Authority ("HWSETA") invites all its registered employers to apply to participate in Learnership funding for 2015-2016

All applicants must provide the following information:

- **Section A** - Details of Employer and Accredited Training Provider/s
- **Section B** - Breakdown of Beneficiaries per learning area
- **Section C** - Authorisation Form

Requirements that employers must comply with are as follows:

- **All employers** must have submitted a WSPIR by 30th April 2015.
- **Levy Paying Organisations** – must be up to date with skills levy contributions.
- **Government Departments** – must have paid its skills development contribution towards administration of the HWSETA.
- **All employers** must submit a letter from the relevant ETQA body that the training provider is accredited for the relevant qualification
- **Employers** must make sure that 100% of 18.2 learners will be placed on successful completion of the learnership. This can be at the funded employer or at another employer. Where arrangements to place successful learners are with another employer, a formal agreement confirming this must be submitted with the Memorandum of Agreement.

Please note the following:

- **Persons with disabilities** – Employers are encouraged to recruit a minimum of **5%** of persons with disabilities as learners
- At least **85%** of all learners funded must be **Black**
- At least **54%** of all learners funded must be **Woman**

- **Employment** - employers offering employment to learners on completion of the qualification will be given preference for funding.

THE APPROVAL PROCESS

1. The HWSETA will only consider **fully completed** applications which have reached the HWSETA on or before **31 August 2015** by **16h00**. **No late applications will be considered**. A **fully completed** application means that Sections A, B and C of the application must be completely filled in before being submitted and all relevant documents attached.
2. Please ensure that **only pages 5, 6 and 7 of this Expression of Interest are submitted**.
(Sections A, B and C)
3. The submission of an Expression of Interest Application does not mean that your application to participate in Learnership Funding 2015-2016 has been approved. All applicants will be informed in writing of the outcome of their application by the **25 September 2015**.
4. The **Memorandum of Agreement (MOA)** must be signed and submitted to the HWSETA by no later than **30 October 2015**.
5. **Learnership Agreements** must be signed and submitted to the HWSETA no later than a month before the learnership commences. **For learners commencing their learnership in January and February 2015, Learnership agreements must be submitted by 28th February 2016**. All learnership agreements must be attached with **certified ID copies, copy of certificate of highest level of education and contracts of employment for learners recruited into a learnership as unemployed**.
6. The application for funding is limited to learners commencing by or before **30 June 2016**. **Learnership Agreements** for learners commencing in **June 2016** must be submitted by or before **31st May 2016**.

7. Employers applying for funding for HWSETA registered qualifications have to have their workplaces validated before receiving approval. No training can commence before approval is granted.
8. **Full Approval for the Learnership Funding** will only be granted and communicated once the signed MOA and Learnership Agreements have been received and approved by the HWSETA.
9. Applications must be **submitted either by hand or courier to HWSETA, 17 Bradford Road, Bedfordview, 2007. ONLY HARD COPIES FULLY SIGNED WILL BE ACCEPTED. NO LATE SUBMISSIONS WILL BE ACCEPTED.**
10. Posted, Faxed or emailed applications will not be considered for funding
11. All applications must be couriered to the attention of:

CONTACT PERSON	TELEPHONE	PHYSICAL ADDRESS
LINDIWE MALAMBE Email:lindiwem@hwseta.org.za	011 607 6922	17 Bradford Road, Bedfordview, 2047

PLEASE NOTE:

The HWSETA reserves the right to withdraw the approval if:

- a) The information provided in the application form is not true and correct; or
- b) The employer does not adhere to any of the requirements laid down by the HWSETA

The table below indicates the funding allocations for the HWSETA registered Learnerships for 2015-2016:

Table A – Employed Learners (18.1)

Learnership	NQF Level	No of Learners (Target)	Course Fees	Total Funding Per Learner	Total Funding
Certificate: Enrolled Nursing	4	450	R11 000	R11 000	R4 950 000
Nursing: Bridging (2 years)	5	500	R26 000	R26 000	R13 000 000
Nursing: Clinical Specialisation	6	200	R13 000	R13 000	R2 600 000
Nursing: Diploma in Primary Health Care	6	150	R13 000	R13 000	R1 950 000
NC: Pharmacist Assistant	3	520	R11 000	R11 000	R5 720 000
FETC: Pharmacist Assistant	4	520	R11 000	R11 000	R5 720 000
Social Auxiliary Work	4	200	R11 000	R11 000	R2 200 000
Child and Youthcare	4	200	R11 000	R11 000	R2 200 000
Total		2 740			R38 340 000

Table B – Unemployed Learners (18.2)

Qualification	NQF Level	No of Learners (Target)	Course Fees	Uniform	Total Learner Allowance	Funding Per Learner	Total Funding
Certificate: Auxiliary Nursing	4	270	R11 000	R1 000	R18 000	R30 000	R8 100 000
NC: Pharmacist Assistant	3	350	R11 000	N/A	R22 800	R33 800	R11 830 000
FETC: Pharmacist Assistant	4	350	R11 000	N/A	R22 800	R33 800	R11 830 000
Social Auxiliary Work	4	330	R11 000	N/A	R19 920	R30 920	R10 203 600
Child and Youthcare	4	200	R11 000	N/A	R19 920	R30 920	R6 184 000
FETC: Phlebotomy Techniques (2 years)	4	185	R22 000	R2 000	R50 400	R74 400	R13 764 000
FETC: Public Awareness, Promotion of Dread Diseases and HIV Aids	4	320	R11 000	R1 000	R14 400	R26 400	R8 448 000
Total		2 005					R69 987 600

SECTION A: DETAILS OF EMPLOYER AND TRAINING PROVIDER

Employer Details

NAME OF EMPLOYER:			
SDL NUMBER:			
BUSINESS ADDRESS (Physical)			
COMPANY REGISTRATION NO			
PROVINCE			Town:
LOCATION	Urban:		Rural:
TELEPHONE NUMBER			
EMAIL ADDRESS:			
LEVIES	Levy Payer		Non levy Payer
NON-LEVY PAYING:			
NUMBER OF EMPLOYEES:			

Training Provider Details:

NAME OF TRAINING PROVIDER(S)			
POSTAL ADDRESS			
ETQA DETAILS:(Please attaché A copy of letter of accreditation)			Accreditation No:
LIST ALL ACCREDITED QUALIFICATIONS IN THIS EOI FOR WHICH THE TRAINING PROVIDER WILL BE USED (e.g. Nursing Enrolled) Please attached a letter from the relevant ETQA			
LOCATION	Urban:		Rural:
TELEPHONE NUMBER			FAX:
EMAIL ADDRESS:			

SECTION B: LEARNERSHIPS AVAILABLE (Mark the Learnership and state the number of beneficiaries being applied for)

LEARNERSHIP	Mark X	TOTAL		AFRICAN		COLOURED		INDIAN		WHITE	
		18.1	18.2	18.1	18.2	18.1	18.2	18.1	18.2	18.1	18.2
Nursing Auxiliary		N/A		N/A		N/A		N/A		N/A	
Certificate: Enrolled Nursing			N/A		N/A		N/A		N/A		N/A
Nursing: Bridging(2 years)			N/A		N/A		N/A		N/A		N/A
Nursing: Clinical Specialisation			N/A		N/A		N/A		N/A		N/A
Nursing: Diploma Primary Health Care			N/A		N/A		N/A		N/A		N/A
NC: Pharmacist Assistant											
FETC: Pharmacist Assistant											
FETC: Phlebotomy Techniques (2 years)		N/A		N/A		N/A		N/A		N/A	
FETC: Social Auxiliary Work											
Child and Youth Care											
FETC: Public Awareness, Promotion of Dread Diseases and HIV Aids		N/A		N/A		N/A		N/A		N/A	
TOTAL											

SECTION C: AUTHORISATION

We hereby confirm that the information supplied on the accompanying schedules is true and correct.

Name and Surname: _____

Designation: _____

Signature: _____

Date: _____

Please note:

Section A, B and C must be **initialled** on each page.