

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			FAX:
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: <i>(Please attaché A copy of letter of accreditation)</i>	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 Specilisation			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.