



Your Skills Partner

9	13 Autumn Street Rivonia 2128

APPLICATION FOR DISCRETIONARY GRANT: CHANGE OF LEARNING PROGRAMME

REQUEST FOR CHANGE OF LEARNING PROGRAMME APPLICATION FORM

SECTION A: APPLICANT DETAILS

Name of Applicant/ Organisation		
Skills Development Levy Number		
Applicant/Organisation Contact Person	Name	
	Designation	
	Telephone Number	
	Mobile Number	
	Fax Number	
	Email Address	







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SECTION B: LEARNING PROGRAMME DETAILS

FoodBev SETA				Request from the Entities/ companies				
Learning Programme	Duration	Qualifications and SAQA ID	Overall Approved Number/s	Learning Programme	Qualifications and SAQA ID	Duration	Department/Unit (where learner/s will be placed)	Numbers





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MOTIVATION FOR A CHANGE (provide reasons for the required change of learning programme)				





AUTHORISATION OR DECLARATION

I, the undersigned submit this information in fulfilment of this entity's legal obligation in terms of the skills development legislation and regulations. I declare that, to the best of our knowledge, the information contained in the application is accurate and up to date.

SKILLS DEVELOPMENT FACILITATOR				
First Name				
Surname				
Signature				
Date				
FOR OFFICE USE ONLY				
Date received by the FoodBev SETA				
Received By				
Signature				



