



 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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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	

