



EXPRESSION OF INTEREST FORM

FUNERAL SERVICES SUB-SECTOR EMPLOYERS/ASSOCIATIONS TO PARTICIPATE IN SKILLS DEVELOPMENT PROGRAMMES

1. ENTITY DETAILS	
Registered Name	
Registration Number of the company	
Company Trading Name <i>(if different from registered name)</i>	
Funeral Association registration information <i>(if applicable)</i> : <ul style="list-style-type: none">• <i>With Funeral Federation of South Africa</i>	
Funeral Employer/Business registration information: <ul style="list-style-type: none">• <i>Details of Funeral Association registered with (if applicable)</i>• <i>Home Affairs Certificate of Competence reference (if applicable)</i>	



Skills Development Levy Number <i>(if applicable)</i>	
Core business of the company <i>(refer to the list of sector industries provided)</i>	
Number of permanent staff employed by the entity	

2. FINANCIAL VIABILITY

Indicate below your organisation/company annual turnover category

0 - 10 million	
10 million - 50 million	
50 million and above	

3. ENTITY LOCATION DETAILS

Physical Address:	Address/s of the site/s in which the learners will be placed	Postal address:
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Postal/Area Code:	Postal/Area code:	Postal/Area code:
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4. ENTITY DIRECTORS DETAILS



Full Names	Surnames	Nationality			

5. CONTACT DETAILS(MAIN PERSON TO BE RESPONSIBLE FOR THE PROJECT)

Contact person					
Designation					
Mobile Number					
Telephone number					
Email address					

6. APPLICATION DETAILS

Indicate the type of skills development program interested in:

Intervention	Intervention Type	Occupational Qualification ID	Number of Learners required	Province	Office/Branch
<i>Example: Recognition of Prior Learning (RPL) for current practitioners.</i>	<i>RPL</i>	<i>Occupational Certificate: Marketing, ID: 118706, NQF L5, 175 Credits</i>	<i>15</i>	<i>Gauteng (OR National)</i>	<i>Pretoria site (OR National)</i>



7. MOTIVATION

Why do you want to participate in this programme? How will it benefit the target group? and how will the sector/industry benefit?



8. CAPACITY TO PARTICIPATE					
	Area of capacity	Detailed explanation of availability of capacity to host learners on Services SETA funded interventions			
1.	Industry Alignment: Applicants should be employers or industry bodies operating within the funeral services sub-sector. The applicants' operations should align with the registered occupational qualifications, such as Mortician, Embalmer, Embalmer's Assistant, Coffin Maker/Carpentry or related fields.				
2.	Skills Development Focus: Previous experience for participation in skills development with the Services SETA will be an added advantage.				
3.	Health and Safety: Compliance with health and safety regulations to ensure a safe working environment for all learners.				
9. ANY OTHER RELEVANT INFORMATION THAT YOU WOULD LIKE TO SHARE					



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10. BUDGET FOR THE LEARNING PROGRAMMES

Please provide an estimated budget needed for this programme: *NB: the Services SETA funding will be aligned with the approved unit costs (rack rates).*

Learnerships	
Skills Programmes	
Apprenticeships	
ARPL	
RPL	

11. OTHER REQUIREMENTS FOR CONSIDERATION

	Yes/No/Number and Details:
Number of workspaces available to accommodate the number learners intended (if unemployed)	
Disability access	



Tools and/or consumables availability in line with the type of qualification applied for	
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Attach the following relevant documents **should more information be required; the Services SETA team will be in contact:*

- *Valid Tax Clearance or Exemption Certificate and Tax Pin*
- *Company Registration Documents*
- *Declaration of Interest (Form 1A)*
- *Declaration of Authorized Person (Form 1B)*
- *Declaration of POPI (Form 1C)*
- *BBBEE Certificate (if applicable)*



FUNERAL SERVICES SUB-SECTOR EMPLOYER/ASSOCIATIONS EXPRESSION OF INTEREST TO PARTICIPATION IN SKILLS DEVELOPMENT PROGRAMMES

I, _____ (full names), the duly authorised representative of _____ (entity name) hereby **EXPRESS INTEREST** to implement Services SETA funded interventions.

Sign-off details of the expression of interest

Signed at _____ (place) on _____ (day) of _____ (month) 2024.

(signature): _____