



EXPRESSION OF INTEREST FORM

CALL FOR HAIR CARE SERVICES SUB-SECTOR EMPLOYERS AND INDUSTRY BODIES/ASSOCIATIONS TO PARTICIPATE IN IMPLEMENTATION OF ARPL

1. ENTITY DETAILS	
Registered Name	
Registration Number of the company (<i>if applicable</i>)	
Company Trading Name (<i>if different from registered name</i>)	
Hairdressing Association registration information (<i>if applicable</i>)	
Hairdressing Employer/Business registration information: <ul style="list-style-type: none">• <i>Details of Hairdressing Association registered with (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:
Postal/Area Code:	Postal/Area code:	Postal/Area code:



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	ARPL Alignment	Number of Learners required	Province	Office/Branch
<i>Example: Artisan Recognition of Prior Learning (ARPL) for current practitioners.</i>	ARPL	<i>Legacy Qualification Trade/s</i>	15	<i>Gauteng (OR National)</i>	<i>Pretoria site (OR National)</i>
<i>Example: Artisan Recognition of Prior Learning (ARPL) for current practitioners.</i>	ARPL	<i>Occupational Qualification Trade</i>	15	<i>Gauteng (OR National)</i>	<i>Pretoria site (OR National)</i>

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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 Hairdressing services sub- sector.	
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



10. BUDGET FOR THE LEARNING PROGRAMMES					
Please provide an estimated budget needed for this programme: <i>NB: the Services SETA funding will be aligned with the approved unit costs (rack rates).</i>					
ARPL (Legacy Trade/s)					
ARPL (Occupational Trade)					
11. OTHER REQUIREMENTS FOR CONSIDERATION					
	Yes/No/Number and Details:				
Disability access					
Tools and/or consumables availability in line with the type of qualification applied for					



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)



**HAIRDRESSING SERVICES SUB-SECTOR EMPLOYER AND INDUSTRY BODIES/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): _____