



EXPRESSION OF INTEREST FORM

SERVICES SECTOR TRADE UNIONS AND FEDERATIONS TO PARTICIPATE IN SKILLS DEVELOPMENT INTERVENTIONS

1. ORGANISATION DETAILS	
Registered Name	
Registration Number/s of the Organisation	
Organisation's Trading Name	
Skills Development Levy Number <i>(if applicable)</i>	
Sector Industry/ Industries organising for by the union/ federation <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. ORGANISATION LOCATION DETAILS

Physical Address:	Address/s of the site/s in which the interns will be placed	Postal address:
Postal/Area Code:	Postal/Area code:	Postal/Area code:

4. ORGANISATION 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 learning intervention interested in:					
Intervention	Type	Occupational Qualification ID	Number of learners	Province	Office/Branch
<i>Example:</i> Bursary	<i>Employed Bursary</i>	<i>Bachelor of Laws (LLB)</i>	15	<i>Gauteng (OR National)</i>	<i>Pretoria site (OR National)</i>
<i>Example:</i> Skills Programme	<i>Employed Skills Programme</i>	<i>SP-211009 Workplace Essential Skills, NQF level 4; 20 credits</i>	15	<i>Gauteng (OR National)</i>	<i>Pretoria site (OR National)</i>
<i>Example:</i> Non-credit bearing programme	<i>Capacitation/workshops</i>	<i>Worker/labour initiated intervention</i>	15	<i>Gauteng (OR National)</i>	<i>Pretoria site (OR National)</i>



7. MOTIVATION

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



8. CAPACITY TO OVERSEE PROGRAMME IMPLEMENTATION

	Area of capacity	Detailed explanation
1.	Bursaries	
2.	Skills Programme	
3.	Non-credit bearing courses/workshop	

9. WHICH SERVICES SECTOR INDUSTRIES ARE YOU ORGANISING IN? PLEASE ALSO LIST A MINIMUM OF 10 COMPANIES THAT YOU ARE ORGANISING IN

INDUSTRY	COMPANY



10. BUDGET FOR THE LEARNING PROGRAMMES

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

Bursaries for Employed:	
Skills Programmes for employed:	
Non-credit bearing programme:	

11. OTHER REQUIREMENTS FOR CONSIDERATION

	Yes/No/Number and Details:
Skills Development provider for Skills Programme	
Institution of Higher Learning for Bursaries	
Skills Development provider for non-credit bearing Programme	



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)*



SERVICES SECTOR TRADE UNIONS AND FEDERATIONS TO PARTICIPATE IN SKILLS DEVELOPMENT INTERVENTIONS

I, _____(full names), the duly authorised representative of _____(organisation name) hereby **EXPRESS INTEREST** to participate in skills development for trade unions and federations.

Sign-off details of the expression of interest

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

(signature): _____