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**APPLICATION FOR SKILLS LEVY FUNDING**

**Notes to applicant:**

1. Skills levy funds are only available to staff in respect of critical/scares skills development and who planned for this course/programme in the current Annexure 2 WSPR reporting year.
2. 50-100% registration fee for workshop/training is payable from skills levy fund excluding accommodation, subsistence, travel and other fees (for departmental or own account)
3. Incomplete forms will delay the approval process
4. Apply at least 20 days before the programme commence.
5. Attach a motivation or memo from the HOD/Manager, explaining the nature of the application and how it will benefit the applicant.

**Section A: Applicant information & contact detail**

|  |  |
| --- | --- |
| **Particulars of staff member:** | **Complete this section** |
| **Title, Name and Surname:** |  |
| **Staff Number:** |  |
| **Faculty/Directorate:** |  |
| **Department/Division:** |  |
| **Job Title:** |  |
| **Contact phone number** |  |
| **E-mail address** |  |

**Section B: Terms & Conditions**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned applicant commit to ensure that all programme and/or course requirements and compliance documents are met as prescribed by TUT Policies and processes.

|  |
| --- |
| **SIGNATURE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DEPARTMENT:** |

**TRAINING & DEVELOPMENT PLAN**

**Complete this section**

|  |  |
| --- | --- |
| **Learning Programme Name:** |  |
| **Learning Programme Outcome**:Attach the programme/course outcome |  |
| **Credit value** of learning programme (CPD points): |  |
| **NQF level** of learning programme (Level1-Level10/Basic/Intermediate/Adv.): |  |
| **Duration** of learning programme or possible date(s): |  |
| **Presented by internal or external facilitator** |  |
| **Preferred provider/company name and reason why preferred?** |  |
| **How many people will benefit from this course/programme?** |  |

**Detail of Training provider/(s) as per Finance and Procurement processes and policies:**

**Section C: Breakdown of Total Expenditure**

**Attach the quotations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Provider/Company 1** | **Provider/Company 2** | **Provider/Company 3** |
| **Full name of Training Provider** |  |  |  |
| **Is the company on TUT vendor list? Creditor code** |  |  |  |
| **Physical and Postal address** |  |  |  |
| **Contact name** |  |  |  |
| **Contact telephone number** |  |  |  |
| **Email address** |  |  |  |
| **Venue where programme will be presented/attended** |  |  |  |
| **Catering cost p.p.****Travel cost p.p.** |  |  |  |
| **Other material cost** |  |  |  |
| **Programme cost per person** |  |  |  |
| **Total amount to be paid by HRD** |  |  |  |

**List the name/(s) of staff benefiting from this course/programme:**

Undertaking:

* If you are unable to attend the course, you may send a substitute delegate in your place. Please advise Human Resource Development (HRD) in respect of any substitution as soon as possible.
* Should you wish to cancel your registration, please notify HRD in writing as soon as possible to request a credit note.
* Proof of attendance to be sent to the HRD office.

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Staff number** | **Name** | **Signature of course attendee** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF APPLICANT/RESPONSIBLE PERSON CONTACT TELEPHONE NUMBER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE DATE**

I have been provided with sufficient information to confirm that the course/programme is relevant in relation to the applicant’s work and his/her individual development plan (IDP).

Recommended/Not Recommended

**HOD/MANAGER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF APPLICANTS HOD/MANAGER DATE**

**DEPARTMENT/DIVISION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The approval process below is only for the office use of HR & T***

|  |  |  |
| --- | --- | --- |
| ***Signatures*** | **Signature date** | **Comments** |
| **Approval 1** Recommended / Not Recommended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MS LINDIWE RADEBE** ***MANAGER: Planning & Development (SDF)*** |  |  |
| **Approval 2**Approved / declined\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DR M E MOTSHEKGA-SEBOLAI****DIRECTOR: Human Resources Development** |  |  |
| **Admin office:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HRD Admin Office: Mrs Henda Britz |  |  |