



***APPLICATION FORM  
AND SPECIAL CONDITIONS  
TO PARTICIPATE IN  
SKILLS PROGRAM AND FLP IMPLEMENTATION  
2019 - 2020***

**Note: All the sections must be completed**

## Section A: Employer Details

<b>Name of Employer or Lead Employer</b>								
<b>Physical address of Employer</b>								
<b>Province</b>								
<b>Local Municipality</b>								
<b>Postal address of Employer</b>								
<b>VAT Register. Number</b>								
<b>Employer Category</b>	<b>AgriSETA Levy Payer</b>			<b>Non AgriSETA Levy Payer</b>				
<b>Skills Development Levy Number (If Applicable)</b>				<b>OFO Code (Office Use)</b>				
				<b>SIC Code (Office Use)</b>				
<b>Contact Person</b>	<b>Name</b>							
	<b>Designation</b>							
	<b>Tel Number</b>							
	<b>Cell Phone Number</b>							
	<b>Fax Number</b>							
	<b>Email Address</b>							
<b>Period of Employer Existence</b>	<b>Less than 1 year</b>		<b>2 – 5 years</b>		<b>6 – 10 years</b>		<b>More than 10 years</b>	X
<b>Employer Size (Please Tick)</b>	<b>Small (1 – 49)</b>		<b>Medium (50 – 149)</b>		<b>Large (150+)</b>			
<b>Number of Permanent Employees</b>								
<b>Number of Seasonal Workers</b>								

**CIPC Registration Number (If Applicable)**

**Employer Type (If Applicable)**

<b>BEE Firm</b>	
<b>SMME</b>	
<b>Non Levy Paying Enterprise</b>	
<b>Trust/CPA</b>	
<b>Community Based Org.</b>	
<b>Agric. Co-operative</b>	
<b>Non Governmental Org.</b>	

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## Section B: Training Provider Details

<b>Name of Training Provider</b> (Attach Accreditation Letter or Certificate)	Abattoir Skills Training (Pty) Ltd						
<b>Physical Address of Training Provider</b>	CSIR, Building 4E, Meiring Naudé Road, Brummeria						
<b>Levy Payer?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>If yes, to which SETA?</b>			AgriSETA	
<b>Skills Development Levy Number</b>	L240713117						
<b>Contact person</b>	<b>Name</b>	Monty Mmurwa					
	<b>Designation</b>	Training Manager					
	<b>Tel Number</b>	012 349 1237 / 8 / 9					
	<b>Cell Phone Number</b>	084 047 0001					
	<b>Fax number</b>	012 349 1240					
	<b>Email Address</b>	monty@rmaa.co.za					
<b>Period of Provider Existence</b>	Less than 1 year	<input type="checkbox"/>	2 – 5 years	<input checked="" type="checkbox"/>	6 – 10 years	<input type="checkbox"/>	More than 10 years <input checked="" type="checkbox"/>
<b>Training Provider Accredited</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>If yes, by which SETA?</b>			AgriSETA	
<b>Date of Accreditation</b>	Re-registration from 01 April 2018						
<b>Training Provider Accreditation Number</b>	AGRI/c prov/0071/06						
<b>Expiry Date of Accreditation</b>	31 March 2020						
<b>Learning Program Approved by AgriSETA ETQA</b>	Yes <input type="checkbox"/>	X <input checked="" type="checkbox"/>			No <input type="checkbox"/>		
<b>If NO, which SETA ETQA?</b>							

## Section C: Skills Program Implementation Details

1. FUNDING	
<b>1.1</b>	<b>Have you applied for or received funding for this Skills Program from other sources? (e.g. Department of Agriculture)</b>
<b>1.2</b>	<b>If yes, please provide details</b>

2. LEARNER SELECTION	
<b>2.1.</b>	<b><i>Learner Profile</i></b> – Please indicate the relevance of the selected learners to the Employment Equity Act. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>85 % BLACK</b>    YES <input type="checkbox"/>    No <input type="checkbox"/>  <b>54% WOMEN</b>    YES <input type="checkbox"/>    No <input type="checkbox"/>  <b>4% DISABLED</b>    YES <input type="checkbox"/>    No <input type="checkbox"/> </div> </div>
<b>2.2</b>	<b><i>Learner profile</i></b> – Please indicate the target population. Indicate the race, gender, and disability status of the proposed learners using the table below <div style="text-align: center; margin-top: 10px; font-weight: bold; font-size: 1.2em;">THIS SECTION IS COMPULSORY</div>

African						White						Coloured						Indian					
M		F		D		M		F		D		M		F		D		M		F		D	
-35	+35	-35	+35	-35	+35	-35	+35	-35	+35	-35	+35	-35	+35	-35	+35	-35	+35	-35	+35	-35	+35	-35	+35

**NB: In case of the disabled learners please specify the gender:**

**MALE** 
**FEMALE**

**Total Number of Disabled Learners**

3. IDENTIFICATION OF NEED	
<b>3.1</b>	<b><i>Demand/ Need</i></b> – Please provide a motivation based on the need of your organisation for the identified Skills Program.

Please provide the Title and SAQA ID number of the proposed Skills Program and indicate the proposed number of learners for Employed (18.1) and Unemployed (18.2)

SAQA ID	Unit Standard Title	18.1or 18.2	Number of Learners	Credits
<b>HMS &amp; HACCP</b>				
256575	Demonstrate Knowledge of Abattoir hygiene and Meat Safety Standards	18.1		12
123374	Implement and Maintain a HACCP system in a food processing facility		15	
<b>Hygiene Awareness</b>				
123370	Apply Hygiene Awareness in food production	18.1		4
<b>Food Safety Management System Awareness</b>				
120239	Monitor critical control points (CCP's) as an integral part of a hazard analysis critical control point (HACCP) system	18.1		6
<b>Introductory Abattoir Hygiene</b>				
114362	Demonstrate an understanding of the Abattoir industry	18.1		3
116899	Clean and Sanitise a food processing system		5	
123370	Demonstrate knowledge of hygiene awareness in food production facility		4	
<b>TOTAL</b>				

4. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	FULL NAMES:	GERHARDUS CHRISTIAAN												
4.2	SURNAME:	NEETHLING												
4.3	ID NUMBER:	6	0	1	1	3	0	5	1	3	1	0	8	9
4.4	REGISTRATION NUMBER	A	G	R	I	A	S	S	0	5	9	3	0	8

4. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	FULL NAMES:	NEELS												
4.2	SURNAME:	NELL												
4.3	ID NUMBER:	6	1	0	1	0	3	5	0	6	9	0	8	7
4.4	REGISTRATION NUMBER	A	G	R	I	A	S	S	0	3	0	6	0	6

4. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	FULL NAMES:	MONTY												
4.2	SURNAME:	MMURWA												
4.3	ID NUMBER:	7	5	0	2	2	1	5	2	9	4	0	8	1
4.4	REGISTRATION NUMBER	A	G	R	I	A	S	S	0	9	0	9	0	9

4. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	FULL NAMES:	MOGATUSI												
4.2	SURNAME:	NKOANE												
4.3	ID NUMBER:	7	8	1	0	2	2	5	4	1	3	0	8	2
4.4	REGISTRATION NUMBER	A	G	R	I	A	S	S	0	6	6	1	0	8

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4. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	<i>FULL NAMES:</i>	MARIANA												
4.2	<i>SURNAME:</i>	DU TOIT												
4.3	<i>ID NUMBER:</i>	7	2	0	5	2	8	0	0	0	7	0	8	7
4.4	<i>REGISTRATION NUMBER</i>	A	G	R	I	A	S	S	0	3	0	5	0	6

4. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	<i>FULL NAMES:</i>	YOLANDE												
4.2	<i>SURNAME:</i>	STANTON												
4.3	<i>ID NUMBER:</i>	5	8	0	8	1	4	0	1	5	5	0	8	7
4.4	<i>REGISTRATION NUMBER</i>	A	G	R	I	A	S	S	0	8	7	9	0	9

4. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	<i>FULL NAMES:</i>	MAXWELL												
4.2	<i>SURNAME:</i>	TSHUMA												
4.3	<i>ID NUMBER:</i>	D	N	9	4	8	2	9	4					
4.4	<i>REGISTRATION NUMBER</i>	A	G	R	I	A	S	S	2	0	2	9	1	7

4. (j) REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM)														
4.1	<i>FULL NAMES:</i>	WALTER												
4.2	<i>SURNAME:</i>	DERBYSHIRE												
4.3	<i>ID NUMBER:</i>	5	0	0	5	2	1	5	0	9	3	0	8	3
4.4	<i>REGISTRATION NUMBER</i>	A	G	R	I	A	S	S	2	0	6	2	1	7

## Section D: Special Conditions

	SPECIAL CONDITIONS	CONFIRMATION		
		Yes	No	If no, indicate deviation
<b>1</b>	<b>GENERAL</b>			
1.1	Please indicate compliance or non-compliance or that you agree on a paragraph-by-paragraph basis. If there is a deviation, an explanatory note must be attached as an addendum to the application. <b>Applications not completed in this manner may be considered incomplete and rejected.</b> Should respondents fail to indicate agreement/compliance or otherwise, the AgriSETA will assume that the respondent is <b>not</b> in compliance or agreement with the statement(s) as specified in this application.			
<b>2</b>	<b>ADDITIONAL INFORMATION REQUIREMENTS</b>			
2.1	During evaluation of the application, additional information may be requested in writing from the stakeholder. Replies to such request must be submitted <b>within 5 (five) working days</b> or as otherwise indicated. Failure to comply, may lead to your application being disregarded.			
<b>3</b>	<b>SARS Tax Clearance Certificate</b>			
3.1	A valid Tax <b>Clearance Certificate</b> is attached to the application.			
<b>4</b>	<b>Declaration of Interest</b>			
4.1	Do you or any person connected with the application have any family relation or friendship relation with a person employed by AgriSETA or a member of the AgriSETA Board which could be perceived as influencing the outcome of this application? If <b>YES</b> , attach explanatory note.			
4.2	Is any person connected with the application, employed by AgriSETA? If <b>YES</b> , attach explanatory note.			

<b>5</b>	<b>SETA Accreditation Certificates</b>			
5.1	Proof of Provider accreditation attached			
5.2	Proof of Assessor registration attached			
5.2	The Provider will ensure that its accreditation status for the learning program applied for, will be valid upon commencement of the program			

## Section E: Declaration

I the undersigned, taking responsibility for this application, certify that:

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1. The information contained in this application is true and correct in all aspects
2. I have been duly authorised to sign this application
3. The required supporting documents have been attached **including** registration documents of Co-operatives etc.

<b>NAME (PLEASE PRINT) – <i>NOT TRAINING PROVIDERS BUT EMPLOYERS</i></b>
<b>POSITION IN ORGANISATION</b>
<b>SIGNATURE</b>
<b>DATE</b>

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