



EXPRESSION OF INTEREST FOR FUNDING OF MEDICAL EQUIPMENT MAINTENANCE PROGRAMME 2019-2020

The Health and Welfare Sector Education and Training Authority (“HWSETA”) invites all its registered employers to apply to participate in the implementation of Medical Equipment Maintenance Programme Funding for 2019-2020

Identified training programmes:

- National Diploma: Engineering: Electrical – Clinical Engineering stream - UNISA
- National Diploma: Engineering: Electrical – Tshwane University of Technology
- Healthcare Technology Management – University of Cape Town
- National Certificate: Medical Equipment Maintenance
- Other – Any other qualification recognised/evaluated by the South African Qualifications Authority (SAQA) as equivalent to NQF level 6 – A letter in this regard should be submitted with the application

All applicants must provide the following information:

- **Section A** - Details of Employer and Accredited Training Provider(s)
- **Section B** - Breakdown of Beneficiaries per learning area
- **Section C** - Authorisation Form
- **Section D** - A brief description and rollout plan for the theoretical and practical component of the programme
- **Section E** – A brief description and project plan for the development and updating of the medical equipment asset register for health facilities where learners will be placed
- **Section F** – Letter from the education institution confirming accreditation/ programme approval
- **Section G** - Letter of authority to use the health facility as a training site

Requirements that employers must comply with are as follows:

- **All employers** must have submitted a WSP&ATR on 30 April 2018 and/or 30 April 2019. (this includes employers who were granted an extension).
- **Employers (Levy-exempt Organisations and SMEs)** who have not submitted a

WSP&ATR by 30 April 2019/ 31 May 2019, must have submitted a Workplace Skills Survey (WSS) by 17 August 2019. This concession is only applicable to those employers who fall below the threshold/ are levy-exempt and did not submit the 2019/2020 WSP&ATR to the HWSETA or relevant SETA.

- **Levy Paying Organisations** – must be up to date with skills levy contributions.
- **Government Departments** – must have paid their skills development contribution towards the administration of the HWSETA.
- **All employers** must submit a Letter from the educational institution that will be conducting theoretical training and responsible for certification, confirming its accreditation with the relevant quality assurance body and that it has programme approval for the relevant qualification (must be marked section F). The said letter must be submitted together with the EOI Application.
- **60% of the training** must be in the workplace/workshops of health facilities

Please note the following:

- **Persons with disabilities** – Employers are encouraged to recruit a minimum of **5%** of persons with disabilities as learners
- At least **85%** of all learners funded must be Black
- At least **54%** of all learners funded must be Females
- **100%** of learners must be from rural areas

The Approval Process:

1. The HWSETA will only consider fully completed applications, which have reached the HWSETA on or before **30 September 2019 by 16h00**. A **fully completed application means that Sections A, B and C of the application must be completely filled in before being submitted and the relevant supporting documents must be attached**
2. Please ensure that only pages 5, 6, 7, 8 of this Expression of Interest is submitted together with requested documents marked sections D, E and F.
3. The submission of an Expression of Interest Application does not mean that your application to participate in the Medical Equipment Maintenance Programme funding 2019-2020 has been approved. All applicants will be informed in writing of the outcome of their application by **15 October 2019**.
4. The Memorandum of Agreement (MOA) must be signed and submitted to the HWSETA by

no later than the **30 October 2019**.

5. Learner Registration Forms/ Agreements must be signed and submitted to the HWSETA no later than **30 November 2019**. All learner forms/ agreements must be submitted together with a **certified copy of ID** and a certified copy of the learners' highest education certificate
6. Full Approval for Medical Equipment Maintenance Programme funding will only be granted and communicated once the signed MOA, Learner Registration Forms/ Agreements and certified copies of ID and current highest certificate of the learner have been received and approved by the HWSETA.
7. Applications must be submitted by hand or by courier **ONLY** to any of the HWSETA **PROVINCIAL OFFICES. ONLY HARD COPIES FULLY SIGNED WILL BE ACCEPTED.**
8. Faxed or emailed applications will not be considered for funding.
9. Queries can be directed to the following officials:

CONTACT PERSON	TELEPHONE NO	EMAIL ADDRESS
LULAMA NAKE	011 607 6975	lulaman@hwseta.org.za
WENDY TEMBE	011 607 6910	wendyt@hwseta.org.za

THE CLOSING DATE FOR THIS EOI IS 30 September 2019 AT 16H00

Please Note:

The HWSETA reserves the right to withdraw the approval if:

- a) The information provided in the application form is not true and correct; or
- b) The employer does not adhere to any of the requirements laid down by the HWSETA
- c) The employer has a record of non-adherence to policies and/or non-implementation of HWSETA programmes

Details of Funding:

The HWSETA invites all registered employers of the Health and Welfare SETA to participate in the Medical Equipment Maintenance Programme. Employers will be required to recruit employed and/or unemployed learners into the programme as well as provide these learners with the practical work experience in line with the requirements of the educational institution and the qualification.

Below is the breakdown of the medical Equipment Maintenance Programme 2019-2020:

Assessment of medical equipment

Item
Conditional data capture and assessment software license
Data Management
Hardware costs
Customized tags and labels – bar code readers

Training of learners

Item
Tuition
Mentorship (workplace)
Stipend (Year 1)
Stipend (Year 2)
Stipend (Year 3)
Toolbox including tablet
Medical equipment maintenance software and data management
Total



SECTION A: DETAILS OF EMPLOYER AND TRAINING PROVIDER

EMPLOYER DETAILS

NAME OF EMPLOYER:			
SDL/T NUMBER:			
ORGANISATION ADDRESS (Physical)			
COMPANY REGISTRATION NO/ NPO REGISTRATION NO			
PROVINCE		Town:	
LOCATION	Urban:		Rural:
TELEPHONE NUMBER			FAX:
EMAIL ADDRESS:			
LEVIES	Levy Payer		Non levy Payer
SDL/T NUMBER:			
TOTAL NUMBER OF EMPLOYEES:			

TRAINING PROVIDER DETAILS

NAME OF TRAINING PROVIDER(S)			
POSTAL ADDRESS			
ETQA DETAILS: <i>(Please attach a copy of a letter of accreditation/programme approval from the education institution)</i>			Accreditation No:
LIST ALL SKILLS PROGRAMME IN THIS EOI FOR WHICH THE SKILLS DEVELOPMENT PROVIDER WILL BE USED (E.g. Customer Management, Fundraising for NPOs, etc.)			
LOCATION	Urban:		Rural:
TELEPHONE NUMBER			FAX:
EMAIL ADDRESS:			

ASSESSMENT OF MEDICAL EQUIPMENT

SECTION B1: Fill in the name of the health facility and mark the province where it is located

FACILITY	EC	FS	GAU	KZN	MP	LIM	NC	NW	WC
TOTAL									

SECTION C: CONFIRMATION AND SIGNATORIES:

We hereby confirm that the information supplied on the accompanying schedules is true and correct.

Name and Surname: _____

Designation: _____

Signature: _____

Date: _____

Please note:

Sections A and B must be **initialled** on each page.

PLEASE ATTACH SECTIONS D, E, F AND G AS PER PAGE 1 OF THIS EOI