



EXPRESSION OF INTEREST SMALL AND MICRO ENTERPRISE ORGANISATION 2019 - 2020

The Health and Welfare Sector Education and Training Authority (“HWSETA”) invites all registered Small and Micro Enterprise (SMEs) of the Health and Welfare sector to apply to participate in the implementation of Small and Micro Enterprise Organisation funding 2019-2020.

All applicants must complete the following information:

- **Section A** - Details of Employer
- **Section B** - Breakdown of Beneficiaries
- **Section C** - Authorisation Form

Details of the Small and Micro Enterprise funding project

The Small and Micro Enterprise Grant is aimed at enabling qualifying SMEs in our sector to access funding for training interventions that would have a direct impact on their businesses in terms of growth, sustainability and the level of professionalism within the SME.

Details of the funding for all employers wishing to participate:

- **The Employers (SMEs) must be registered with HWSETA.**
- Only persons that are permanently employed by the organisation may qualify for the grant.
- When submitting an application, the employer must have submitted a Workplace Skills Plan and Annual Training Report to HWSETA by the time of EOI submission.
- The employers must have submitted a WSP&ATR by 30 April 2018 and / or 30 April 2019. (this includes employers who were granted an extension). If not submitted, the employers may submit a Manual /compressed WSP together with the EOI application. This is applicable only to those below the threshold/ non-levy payers who did not submit the 2019/2020 WSP&ATR to the HWSETA.

Qualifying criteria:

- **All employers** must be registered with the Health and Welfare SETA and be in possession on an SDL number or T-number.
- **All employers** must have submitted a Workplace Skills Plan and Annual Training Report to HWSETA by the time of EOI submission.

- **All employers** must ensure that all applications are done inline with the requirements of the funding as indicated.

Please note the following employment equity targets which the SETA will consider when allocating the grant to qualifying organisations:

- At least **85%** of all organisations funded must be **Black owned**
- At least **54%** of all organisations funded must be **Woman dominated**
- At least **5%** of all organisations s funded must be **persons working with disabilities, families and children**

The HWSETA reserves the right to withdraw the approval if:

- The information provided in the application form is not true and correct; or
- The employer does not adhere to any of the requirements laid down by the HWSETA.

The HWSETA has identified credit-bearing and non-credit bearing training programmes offered by accredited and registered training providers. The employers will be required to submit proof of learner registration with an accredited/ registered training provider against any of the following training interventions:

Fields	Sample Training Interventions Identified
Continuous Development Programme	Infection Control, Healthcare Risk Waste Management, Nephrology, Clinical Training
Life Skills	Telephone Etiquette, Time Management, Conflict Management, Emotional Intelligence, Customer Care
Short Courses	Accounting/Financial Management, Sales and Marketing, Performance Management, Basic Life Support, First Aid Training, Fire Fighting, SHE Representatives Training
Organisation/ Product Specific Courses	Pharmacotherapy course, Cardiovascular Life Support, Cardiopulmonary Resuscitation (CPR)
Industry 4.0 skills required (The fourth industrial revolution)	Complex problem-solving, Critical Thinking, Creativity, People Management, Coordination Skills, Emotional Intelligence, Judgement and decision-making, Conflict Resolution and Service Orientation Skills, such as Customer/ Client Care.
Industry 4.0 (Technology Courses)	Information Technology, Computer Skills, Robotics, Coding, Artificial Intelligence, Digital Manufacturing and Big Data.
Other	Other Training includes courses identified by organisations, but not listed above. This will also include essential equipment to enable the growth of the SME's

The Approval Process

1. The HWSETA will only consider **fully completed** applications which have been submitted on or before **28 June 2019 by 16h00**. A **fully completed** application means that Sections A, B and C of the application form must be completely filled in before being submitted.
2. Please ensure that **only pages 4, 5, and 6 of this Expression of Interest are submitted. (Sections A, B and C)**
3. The submission of an Expression of Interest Application does not mean that your application to participate in the Small and Micro Enterprise Project for 2019-2020 has been approved. All applicants will be informed in writing of the outcome of their application by **31 July 2019**.
4. The **Memorandum of Agreement** must be signed and submitted to the HWSETA by no later than **16 August 2019**. Please note that this document may only be submitted by employers who receive a conditional approval letter from the HWSETA after making an application.
5. **Full Approval for the Funding** will only be granted and communicated once the signed MOA and learner Registration forms have been received and approved by the HWSETA.
6. **Applications must be submitted by hand or by courier ONLY to any of the HWSETA PROVINCIAL OFFICES. ONLY ORIGINAL HARD COPIES FULLY SIGNED WILL BE ACCEPTED.**
7. 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

SECTION A: Organisation Details

Employer Details:

NAME OF EMPLOYER:			
SDL NUMBER / T-No.:			
BUSINESS ADDRESS (Physical)			
COMPANY REGISTRATION NO/ NPO REGISTRATION NO.			
PROVINCE		Town:	
LOCATION	Urban:		Rural:
TELEPHONE NUMBER			FAX:
EMAIL ADDRESS:			
LEVIES	Levy Payer		Non levy Payer
NON-LEVY PAYING:			
NUMBER OF EMPLOYEES:			

SECTION B: Breakdown of Beneficiaries

Please mark the appropriate block

NO	NAME OF TRAINING PROGRAMME	NAME AND SURNAME OF BENEFICIARY	AFRICAN			COLOURED			INDIAN			WHITE		
			Male	Female	Disability	Male	Female	Disability	Male	Female	Disability	Male	Female	Disability
1														
2														
3														
4														
5														
6														
7														

SECTION C: Authorisation

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

Name and Surname of SDF: _____

Contact details: _____

Signature: _____

Date: _____

Name and Surname of SME representative: _____

Designation in the organisation: _____

Contact details: _____

Telephone: _____

Mobile (Cell): _____

Signature: _____

Date: _____

Please note:

Section A, B and C must be **initialled** on each page.