



## EXPRESSION OF INTEREST BURSARIES FOR EMPLOYED PERSONS 2019 - 2020

The Health and Welfare Sector Education and Training Authority (“HWSETA”) invites all registered employers of the Health and Welfare sector to apply to participate in the implementation of Bursaries for Employed persons 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 Bursaries for employed person’s project**

The Bursary for Employed persons’ grant is aimed at developing the skills of the workforce of its registered employers through quality training programmes. All persons to be funded in this project **must be** permanently employed by the organisation.

### **Details of the funding for all employers wishing to participate:**

- All courses that the employees will be sent on must be credit bearing.
- Employers cannot apply for any of the funded HWSETA Learnerships
- Employers cannot apply for a learner to study a Masters or PHD (Doctorates)
- The duration of the course applied for must be longer than 8 months.
- Should the duration of the course be longer than 1 academic year, please note that the HWSETA will only fund the course fees for 1 academic year.
- Only persons that are permanently employed by the organisation may qualify for the grant.
- The training institution through which the learner will complete their studies must be fully accredited against the relevant qualification by the relevant Professional body, council or ETQA.
- Preference will be given to courses registered at public Universities and Universities of Technology.
- Preference will also be given to learners who were beneficiaries of the HWSETA Bursaries employed grant during the 2017-2018 financial year whose qualifications exceeded one academic year. Please note that the HWSETA will not award a bursary to a learner that has failed an academic year.
- Only one bursary may be awarded per learner. Also note that a learner applied for in the bursary may not qualify for any Learnership funding within the same financial year (2018-2019 and 2019/2020).
- All applications must be submitted by an HWSETA registered levy paying, non levy paying or levy exempt employer. The employer must have submitted a Workplace Skills Plan and Annual Training

Report to the HWSETA by 30 April 2018 or 30 April 2019 (includes employers who were granted extension)

- The HWSETA Bursary grant only pays for the Tuition fees, Books, Registration and Professional Body Registration

### **Breakdown of Funding Available**

The table below indicates the total number of learners to be funded through this strategy across all provinces.

<b>Targeted number of learners</b>	<b>Maximum funding per learner</b>
<b>646</b>	<b>R30,000.00</b>

### **Qualifying criteria:**

- **All employers** must be registered with the Health and Welfare SETA and are in possession on an SDL number of T-number.
- **All employers** must have submitted a WSPiR to HWSETA by 30 April 2018 or 30 April 2019. (includes employers who were granted extension)
- **All employers** must ensure that all applications are done inline with the requirements of the grant as indicated under details of the funding, and all the required attachments accompany the application.
- **Levy Paying Organisations** – must be up to date with skills levy contributions.

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

- At least **85%** of all learners funded must be **Black**
- At least **54%** of all learners funded must be **Woman**
- At least **5%** of all learners funded must be **persons with disabilities**

**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.

**Please ensure that the following documents are attached to this application**

- Valid original Tax Clearance Certificate

## The Approval Process

1. The HWSETA will only consider **fully completed** applications which have been submitted on or before **31 May 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, 6, and 7 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 Bursary Project for employed learners 2019-2020 has been approved. All applicants will be informed in writing of the outcome of their application by **28 June 2019**.
4. The **Memorandum of Agreement** must be signed and submitted to the HWSETA by no later than **26 July 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. The **Learner registration forms** must be signed and submitted to the HWSETA by no later than **30 September 2019**.
6. **Full Approval for the Bursary** will only be granted and communicated once the signed MOA and learner Registration forms have been received and approved by the HWSETA.
7. Applications must be submitted either by hand or couriered to HWSETA physical offices, 17 Bradford Road, Bedfordview, 2007. **ONLY ORIGINAL HARD COPIES FULLY SIGNED WILL BE ACCEPTED. NO LATE, FAXED OR E-MAILED APPLICATION WILL BE ACCEPTED.** All applications must be addressed to:

CONTACT PERSON	TELEPHONE NO	POSTAL ADDRESS
Vuyelwa Mpumza	(011) 607-7022	17 Bradford Road, Bedfordview,2007
Wendy Tembe	(011) 607- 6910	

## SECTION A: Organisation Details

### Employer Details:

<b>NAME OF EMPLOYER:</b>		
<b>LEVY/T- NUMBER:</b>		
<b>BUSINESS ADDRESS (Physical)</b>		
<b>PROVINCE</b>		Nearest Town:
<b>LOCATION</b>	Urban:	Rural:
<b>TEL:</b>		FAX:
<b>EMAIL ADDRESS:</b>		
<b>MUNICIPALITY</b>		
<b>NUMBER OF EMPLOYEES:</b>		
<b>ORGANISATIONS PRIMARY FOCUS</b>		
<b>WSP SUBMISSION DATE</b>		
<b>NAME OF CONTACT PERSON</b>		
<b>POSITION IN THE ORGANISATION</b>		

**Training Provider/ Institution Details:**

<b>NAME OF TRAINING PROVIDER/INSTITUTION</b>		
<b>POSTAL ADDRESS</b>		
<b>NAME OF COURSE</b>		
<b>DURATION OF COURSE</b>		
<b>NUMBER OF CREDITS TO BE OBTAINED</b>		
<b>REGION</b>		
<b>MUNICIPALITY</b>		
<b>LOCATION</b>	Urban:	Rural:

**Training Provider/ Institution Details:** *(if application is for more than 1 employee)*

<b>NAME OF TRAINING PROVIDER/INSTITUTION</b>		
<b>POSTAL ADDRESS</b>		
<b>NAME OF COURSE</b>		
<b>DURATION OF COURSE</b>		
<b>NUMBER OF CREDITS TO BE OBTAINED</b>		
<b>REGION</b>		
<b>MUNICIPALITY</b>		
<b>LOCATION</b>	Urban:	Rural:



## 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 Organisation 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.