2024/25 NON-PIVOTAL PROGRAMME PARTICIPATION AGREEMENT

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| INTERVENTION  | DG SME CATEGORY A |  | DG SME CATEGORY B |  |
| DG SME CATEGORY C |  |

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| THIS AGREEMENT IS ENTERED INTO BETWEEN: |
| Main Applicant (Employer/Provider/Business Association/Individual SME Applicant)Company Name: Contact Person Tel. No.  |
| Company Registration No:Company SDL No: Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPS Co-ordinates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Secondary Applicant (For Bulk Applications only to be completed by SME Participating under DG SME Category A & B) Company Name: Contact Person Tel. No.  |
| Company Registration No:Company SDL No: Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPS Co-ordinates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Learner Names:  |
| Learner ID No:  |
| Training Provider (that will deliver Training): Contact Person Tel. No.  |
| Accreditation No:Primary SETA:Provider SDL No: Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPS Co-ordinates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Programme Title:  |
| Attachments: * Certified copy of Learner ID (not older than 6 months)
* Company/ NGO/NPO/CBO Registration Certificate (Secondary Applicant)
* Proof of Provider Accreditation
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| LEARNER & LEARNING PROGRAMME ADDITIONAL INFORMATION |
| 1. LEARNER DETAILS
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| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Maiden Name or Previous Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NoYesGender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability: \_\_\_\_\_\_\_\_ \_\_ If Yes, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Year Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. PROGRAMME DETAILS

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| PROGRAMME TITLE  | START DATE | END DATE |
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| 1. DECLARATION AND CONSENT TO PROCESS INFORMATION IN TERMS OF THE POPI ACT
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| 3.1 PROTECTION OF PERSONAL INFORMATION The W&RSETA is committed to protecting and promoting the privacy of Personal Information of learners that take part in W&RSETA programmes and any other individuals or organizations that the W&RSETA engages with; to give effect to an individual or company’s constitutional right to privacy; and to fulfil its obligations under the Protection of Personal Information (POPI) Act No 4 of 2013.The W&RSETA is also committed in ensuring that Personal Information provided by persons taking part in W&RSETA programmes will not be processed for purposes prohibited by POPI Act and/or the principles contained in POPI. Where provision of information of W&RSETA programmes participants is required by national departments e.g. the Department of Higher Education and Training, the W&RSETA will ensure that such information is processed in compliance with the provisions of the POPI Act. Participants in W&RSETA programmes are requested to ensure that the information provided is complete and accurate as incorrect information may cause delays with programme implementation. 3.2 CONSENT BY LEARNERDeclare that all information provided is complete and correctI I further acknowledge that I understand the purposes for which it is required and for which it will be used and agree to my personal data being processed as required Signature of Learner DateName and Surname of Guardian/Parent (If Learner is a Minor):  Signature of Guardian/ Parent Date |

1. **SIGNATURES**

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|  | MAIN APPLICANT | PARTICIPATING SME | LEARNER | SETA OFFICIAL (FOR OFFICIAL USE ONLY) |
| COMPANY/ORGANISATION  |     |    | N/A | W&RSETA |
| NAME & SURNAME) |  |  |  |  |
| SIGNATURE |  |  |  |  |
| DATE |  |  |  |  |