



SKILLS DEVELOPMENT COMMITTEE CAPACITATION REQUEST FORM

Attention: Skills Development and Research

I (**we**) hereby request an SDC Capacitation for the following organisation:

Organisation Name	
SDL Number	
Sub-Sector	
Number of Employees	
Province	
Municipality	
No. of SDC members	
Proposed date: 1	
Proposed date: 2	

REQUESTED BY (on behalf of the organisation):

Full Names.....Designation.....

Email.....Work number.....

Cell numberSignature.....

Date

MQA Stamp

NB: The Proposed/Final Agenda should be sent no later than 30 working days before the SDC Meeting. Send the signed copy to evodiam@mqa.org.za