

## DISCRETIONARY GRANTS APPLICATION FORM FOR THE OCCUPATIONAL HEALTH AND SAFETY REPRESENTATIVE SKILLS PROGRAMME FOR 2022/2023 FINANCIAL YEAR

EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LEVY NO: \_\_\_\_\_

SECTION 1	GENERAL RULES, CRITERIA & EMPLOYER DECLARATION
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### PLEASE READ THESE GENERAL RULES AND CRITERIA BEFORE COMPLETING THIS APPLICATION.

1. This application form must be completed in full and submitted to the MQA on [grants@mqa.org.za](mailto:grants@mqa.org.za)
2. Applications received after the due time and date will not be considered.
3. Applicants should submit their application using the prescribed MQA Discretionary Grant Application Form for the relevant project.
4. The application form must be completed in full and duly signed by an authorised person.
5. It is the responsibility of the applicant to ensure that their application is received by MQA.
6. It is the applicants responsibility to advice MQA on changes to contact person.
7. Employers must only apply for the learning programmes/disciplines listed in the application forms.
8. All employers with multiple sites using one levy number must submit one consolidated application.
9. The application form may not be altered.
10. The application must be submitted by an Employer registered with the MQA with accurate, complete company details and signed by an authorised company representative.
11. Allocated grants will be paid Only once Learners are found competent and their supporting documents (certified ID Copy, signed Enrolment form, confirmation of employment and certificate or results) are uploaded on the MQA I-Share system within the period **01 April 2022 to 31 March 2023**.
12. The MQA may conduct a risk based approach learner verification site visits to approve grants prior to payment of any grant.

### ALLOCATION CRITERIA

1. MQA reserves the right to:
  - a. Limit allocations for certain disciplines as aligned to the Sector Skills Plan.
  - b. Conduct due diligence audits before or after allocation of discretionary grants (this may be desktop or physical).
  - c. Withdraw, increase or decrease allocations in line with the Sectoral needs or demands

2. Who may apply:
  - a. MQA registered levy paying employers with adequate and appropriate Infrastructure, as well as human resources which will enable implementation of learning Programmes or Projects.
  - b. MQA registered Levy exempted organisations
  - c. MQA registered levy paying companies providing services incidental to mining
3. Employers who employ 50 or more employees must complete and submit a WSP/ATR, PIVOTAL training plan and report using the approved MQA template.
4. Employers employing less than 50 employees will not be required to submit a PIVOTAL training plan and report. Such employers will be required to provide information on participation in PIVOTAL programme. (Such employer are however encouraged to submit their WSP/ATR)
5. Past performance of organisations in implementing MQA discretionary grant projects must be used to make decisions on allocation of discretionary grant (includes but not limited to: uptake of learners against allocation; severity learner complaints; timeous feedback on progress of implementation; concluded investigations; submission of required supporting documents). In each project exceptions will be made for organisation and employer that will be participating for the first time.
6. OHS Skills Programme, the employer must utilise an Accredited Training Provider with valid accreditation issued by the MQA SETA.
7. Should applications received be more than the target per discretionary project, a pro rata consideration will be applied.

#### **IMPLEMENTATION RULES**

1. The MQA shall enter into a Memorandum of Agreement (MoA) with each participating (allocated) employer.
2. Only learners that complete training within the **01 April 2022 to 31 March 2023** period will qualify for grants.
3. Employers will not be funded for the same learner in two different discretionary projects at the same time.
4. The MQA will not fund learners who are funded by other entities for the same Learning Programme. (MQA considers this practice as double dipping. Should employers/organisations be found committing this practice, they will be automatically disqualified from participation on MQA Discretionary Grants).
5. The MQA reserves the right to recover discretionary grants or portions thereof from employer/organisation should circumstances indicate that grants have not been utilised for purposes that they were intended.

**NB: MQA Funding Policy Rules will apply**

#### **EMPLOYER COMMITMENT**

**I, the undersigned confirm that as the duly authorised representative, the employer will comply to the above general rules and criteria and that all the information provided in this application is true and accurate.**

**Print Name & Surname:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MQA/COO/04/008

Revision: 08

Approved: COO

Date:15/11/2021

<b>SECTION 2</b>	<b>EMPLOYER INFORMATION (ALL FIELDS COMPULSORY)</b>
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All the fields below are compulsory.

<b>EMPLOYER &amp; SITE NAME *</b>	
<b>SKILLS DEVELOPMENT LEVY NUMBER *</b>	
<b>PHYSICAL ADDRESS*</b>	
<b>POSTAL ADDRESS*</b>	

<b>EMPLOYER REPRESENTATIVE CONTACT DETAILS</b>	
<b>NAME *</b>	
<b>SURNAME*</b>	
<b>DESIGNATION *</b>	
<b>TEL NUMBER *</b>	
<b>CELL NUMBER *</b>	
<b>FAX NUMBER</b>	
<b>E-MAIL *</b>	

<b>SIZE OF THE ORGANISATION (circle on the correct option on the relevant company size)*</b>			
	<b>SMALL (1-49)</b>	<b>MEDIUM (50-149)</b>	<b>LARGE (150+)</b>
<b>HAS THE ORGANISATION SUBMITTED THE WSP/ATR IN 2021?*</b>	YES / NO	YES / NO	YES / NO
<b>HAS THE ORGANISATION SUBMITTED THE PIVOTAL PLAN AND REPORT IN 2021?*</b>	YES / NO	YES / NO	YES / NO
<b>IS THE ORGANISATION WORKPLACE APPROVED</b>	YES / NO	YES / NO	YES / NO
<b>IS THE ORGANISATION OWNED BY HDSA</b>	YES / NO	N/A	N/A
<b>IF YES, WHAT IS THE B-BBEE STATUS/LEVEL</b>	LEVEL .....	N/A	

**Note: This section below is to be completed by small organisations that have not submitted the PIVOTAL PLAN and REPORT as well as WSP/ATR**

Has the organisation participated in MQA Pivotal Programmes in the past two years?	YES / NO
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If the answer to the above is yes, please provide details of your organisation's participation in terms of project name, number of learners allocated, number registered and number of learners completed.

<b>SECTION 3</b>	<b>PROGRAMME SPECIFIC INFORMATION</b>
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	<b>EMPLOYED LEARNERS 18.1</b>	Applicants who do not provide below information will not be considered.	
NAME OF PROGRAMME	NO OF 18.1 EMPLOYED LEARNERS *	SKILLS DEVELOPMENT PROVIDER*	ACCREDITATION NUMBER *
Occupational Health and Safety Representative (OHS Rep)			

**Only the aforementioned programme will be considered for grant purpose.**

<b>CONTACT DETAILS OF PERSON RESPONSIBLE FOR OHS SKILLS PROGRAMME</b>	
<b>NAME *</b>	
<b>SURNAME *</b>	
<b>DESIGNATION *</b>	
<b>TEL NUMBER *</b>	
<b>CELL NUMBER *</b>	
<b>E-MAIL *</b>	