



## DISCRETIONARY GRANTS APPLICATION FORM FOR MULTI-YEAR PARTNERSHIP AGREEMENT BETWEEN MQA AND EMPLOYERS/ORGANISATIONS FOR PLACEMENT OF MQA BURSARS ON THE WORK EXPERIENCE AND INTERNSHIP PROGRAMMES FOR 2024/2025

The MQA would like to invite employers in the Mining and Minerals Sector (MMS) and State-Owned Organisations to apply for multi-year partnership agreement with the MQA for placement of MQA bursars on the Work Experience and Internship Programmes.

The aim/purpose of the multi-year partnership agreement is for employers and organisations to express interest in placing the MQA Bursars to complete work experience/ in-service training (P1/P2 or Vacation Work), as required by the institution and placement to complete the 24 months Internship Programme.

The partnership agreement will be outside the normal discretionary grant's application for the 2 projects. Once the partnership is entered into, the employers and organisations must only take learners from the MQA list of bursars.

This application form must be completed by Employers/Organisations/ wishing to enter into a partnership with MQA. Through this application, Employers/Organisations may express interest to enter into agreement with MQA for one or both programmes:

### A. EMPLOYER DECLARATION

I \_\_\_\_\_ named hereunder, declare that as the duly authorised representative of the Employer/Organisation confirms that Employer/Organisation will comply with the general rules and criteria hereunder and further confirmed that all the information provided in this application is true and accurate.

<b>Name and Surname:</b>		<b>Date:</b>	
<b>Click here to acknowledge commitment</b>			

**This application form must be submitted electronically to [grants@mqa.org.za](mailto:grants@mqa.org.za). Application forms submitted to any other e-mail address at MQA will not be considered.**

## **B. GENERAL APPLICATION RULES**

1. The Application Form must be completed in full and submitted to the MQA to grants@mqa.org.za. Applications Forms received after the due time and date will not be considered. Application Forms submitted to any other e-mail address at MQA will not be considered.
2. Applicants should submit their application/s using the prescribed MQA Discretionary Grant Application Form for the relevant project.
3. The Application Form must be completed in full.
4. It is the responsibility of the applicant to ensure that their application is received by MQA.
5. It is the applicant's responsibility to advise MQA on changes to contact person/s details.
6. The Application Form may not be altered.
7. MQA reserves the right to conduct due diligence audit before or after allocation of discretionary grants (this may be desktop or physical).

**NB: The above rules must be read in conjunction with the MQA funding policy.**

### C. EMPLOYER/ORGANISATION INFORMATION

Employer/Organisation Name			
Skills Development Levy (SDL) Number (Paying or Exempted)			
Site SDL Number (Paying levies- If applicable)			
Organisation Registration Number (If applicable)			

### PHYSICAL ADDRESS

Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	
District Municipalities			
Local Municipalities			
Rural or Urban			

### POSTAL ADDRESS

Post Address			
Area/Suburb		City/Town	
Postal Code		Province	

### SIZE OF THE ORGANISATION *(please select the correct option pertaining to the organisation size)*

Size of the organisation	Small (0 – 49)	Medium (50 – 149)	Large (<150)
	Has the organisation submitted the WSP/ATR In 2022?	Yes	
Has the organisation submitted the Pivotal Plan and Report in 2022?	Yes		No
Is the organisation workplace approved?	Yes		No

#### D. APPLICATION – INTERNSHIP PROGRAMME

*Please indicate below the number of learners applying for:*

PROGRAMME	NUMBER OF LEARNERS APPLYING FOR*
INTERNSHIP PROGRAMME	

\*The number of learners applying for at this stage is merely to indicate how many learners you are able to take into your company. The number of learners available to be allocated on the approved partnership will be dependent on the number of MQA bursars that requires placement at that specific time.

**Contact details of person responsible for INTERNSHIP PROGRAMME:**

Site Name			
Site Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	
Name and Surname of Site Representative			
Representative Designation			
Tel Number		Alternative Number	
E-mail			

**Alternative contact details of person responsible for INTERNSHIP PROGRAMME:**

Name and Surname of Representative			
Representative Designation			
Tel number		Cell number	
E-mail			

## E. APPLICATION - WORK EXPERIENCE

*Please indicate below the number of learners applying for:*

PROGRAMME	NUMBER OF LEARNERS APPLYING FOR*
WORK EXPERIENCE (P1/P2)	
WORK EXPERIENCE (VACATION WORK)	

\*The number of learners applying for at this stage is merely to indicate how many learners you are able to take into your company. The number of learners available to be allocated on the approved partnership will be dependent on the number of MQA bursars that requires placement at that specific time.

### **Contact details of person responsible for WORK EXPERIENCE:**

Site Name			
Site Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	
Name and Surname of Site Representative			
Representative Designation			
Tel Number		Alternative Number	
E-mail			

### **Alternative contact details of person responsible for WORK EXPERIENCE:**

Name and Surname of Representative			
Representative Designation			
Tel number		Cell number	
E-mail			

**-end of form-**