



**DGAF02\_2024\_4IR**

## **DISCRETIONARY GRANTS APPLICATION FORM 2024/2025**

### **GRANT APPLICATIONS APPLYING FOR: CLUSTER 2: PROJECT PROGRAMME**

This application form must be completed by Employers/Applicants wishing to participate in the following programmes supported by MQA.

<b>SECTION</b>	<b>PROGRAMME</b>
<b>D</b>	4IR Learnerships

#### **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 confirm 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>			

#### **NOTE:**

The Applications Form is an electronic FILLABLE PDF FORMAT with drop-down menus where applicable. You must click on the appropriate selection button and/or type in the information where such information is required. **Do not complete the form by hand.**

**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 be disqualified.**

## B. GENERAL APPLICATION RULES

1. The application form must be completed in full and submitted to the MQA to grants@mqa.org.za Applications 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. All Employers/Organisations with multiple sites using one levy number must submit one consolidated application.
7. The application form may not be altered.
8. The application must be submitted by an Employer/Organisation registered with the MQA with accurate and complete company details.
9. Employers/Applicants must only apply for Learners who will be registered or complete training during 01 April 2024 to 31 March 2025.
10. The MQA may conduct a risk-based approach learner verification site visits to approve grants prior to payment of any grant.
11. Applying Employers/Organisations must be Workplace Approved by MQA or any SETA for the trade that they are applying for including the sites in which the Workplace Learning is to be conducted.
12. MQA reserves the right to conduct due diligence audit before or after allocation of discretionary grants (this may be desktop or physical).

**NB: MQA Funding Policy Rules will apply, and the above rules must be read in conjunction with the MQA funding policy**

## C. EMPLOYER/APPLICANT INFORMATION

Employer Name	
Skills Development Levy (SDL) Number	
Site SDL Number (Paying levies- If different from the above SDL)	

## PHYSICAL ADDRESS

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

## POSTAL ADDRESS

Site Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	

## SIZE OF THE ORGANISATION *(please select the correct option on the relevant company size)*

Size of the Organisation	Small (0 – 49)	Medium (50 – 149)	Large (<150)	
Has the organisation submitted the WSP/ATR In 2023?	Yes		No	
Has the organisation submitted the Pivotal Plan and Report in 2023?	Yes		No	
Is the organisation workplace approved?	Yes		No	

**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 including AET 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 below in terms of project name, number of learners allocated, number registered and number of learners completed.

PROJECT NAME	FINANCIAL YEAR	NO OF LEARNERS ALLOCATED	NO OF LEARNERS REGISTERED	NO OF LEARNERS REPORTED FOR COMPLETION

## D. 4IR LEARNERSHIPS

### QUALIFICATION

Learnership Type	NQF Level	No. of employed Learners	No. of Unemployed Learners
Artificial Intelligence (AI)	5		
Cyber Security	5		
Cloud Computing	4		
Design Thinking	4		
Design Thinking Practitioner	5		
Data Science	5		
Internet of Things (IoT)	4		
Systems Development	5		
Robot Process Automation (RPA)	5		
Quality Engineering Automation	5		
eWaste	4		
Mobile Computing Technician Devices	4		
Laptop Repairer	4		
Wearables	4		
Accessories	4		
Peripherals Repairer	4		
Drone Technician	4		
Remote Piloting Aircraft (RPAS)	4		
Remote Piloting Aircraft (RPAS) Technician	4		
Blockchain	6		
3D Printing	6		
Extended Reality (AR & VR)	6		
Optical Fibre Network	5		
<b>Total</b>			

**Contact details of person responsible for 4IR Learnerships:**

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

**\_End of Form\_**