

Skills Development Facilitator Registration 2011/2012

New and Change of Skills Development Facilitator

Postal Address: PO Box 6801, Cresta, 2118 | Phone: (011) 476-8570 | Fax (Grant Applications): 086 574 1962
 Call Centre: 086 101 0001 | Website: <http://www.fasset.org.za> | email: grantapplications@fasset.org.za



BACKGROUND

Where it is requested that the 'Registration No' is entered at the bottom of this document, please enter your allocated registration number i.e. the Skills Development Levy (SDL) number issued by the South African Revenue Services (SARS), or the registration number issued by Fasset in the case of Non Levy Paying Employers (NLPs, Exempt). If you are a Non Skills Development Levy (SDL) Paying Employer (Exempt) and have not yet been issued a Registration Number by Fasset, please enter your Unemployment Insurance Fund (UIF) Number and ensure you precede it by a U.

A Skills Development Facilitator (SDF) is responsible for: • Assisting the employer and employees to develop the Workplace Skills Plan (WSP) • Advising the employer and employees on the implementation of the WSP • Assisting the employer to draft the annual report on the implementation of the WSP (Annual Training Report – ATR) • Advising the employer of any quality standards set by the Seta • Acting as a contact person between the employer and the Seta, and serving as a resource with regard to all aspects of skills development

SDF UPDATE *The SDF is the liaison between the firm and the Seta. All NLPs must elect an SDF And the SDF must complete the information directly below.*

Title _____ First Name _____ Surname _____
 Initials _____ Identity Number _____
 Telephone number (work) _____ e-mail address _____

Are you registered with Fasset as a Skills Development Facilitator (SDF)?

If NO, please complete the questions directly below NO
 If YES, please go to the next section (Organisation Contact) YES

For statistical purposes only. Tick if applicable.

Gender	Population Group	Disability Status	South African Citizen?
Male <input type="checkbox"/>	African <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Female <input type="checkbox"/>	Coloured <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	Indian <input type="checkbox"/>		
	White <input type="checkbox"/>		

Highest level of education _____

Experience relevant to SDF (indicate duration in years)

OCCUPATIONAL GROUP OF SDF (please tick appropriate box)

Managers	<input type="checkbox"/>
Professionals	<input type="checkbox"/>
Technicians & Trades Workers	<input type="checkbox"/>
Community and Personal Service Workers	<input type="checkbox"/>
Clerical and Administrative Workers	<input type="checkbox"/>
Sales Workers	<input type="checkbox"/>
Machinery Operators and Drivers	<input type="checkbox"/>
Elementary Workers	<input type="checkbox"/>

Current Occupation _____

Postal address _____
 City and province _____ Postal code _____
 Cellphone number _____ Telephone number (work) _____
 Fax number _____ e-mail _____

PREVIOUS SDF DETAILS *If applicable*

Title _____ First Name _____ Surname _____
 Initials _____ Identity Number _____
 Reasons for change _____

SDF APPOINTMENT DETAILS

Are you a consultant acting for employer?

Please tick the applicable box

Yes

No

Will you perform your SDF functions in respect of:

Single establishment

Single branch of an organisation

Multiple branches of an organisation

Group of organisations

Please indicate the method of appointment to SDF position. Please tick the applicable box. Companies with more than 50 employees should follow a consultative process in the appointment of a SDF.

Appointed by employer

Self-appointed

Nominated by employees

Other, please specify

If representing more than one establishment, please attach a list of names and addresses of all establishments (including both physical and postal addresses).

ORGANISATION CONTACT DETAILS Please complete per registration number against which you are affiliated.

Organisation Name _____

Postal address _____

Postal city & province _____ Postal code _____

Physical address _____

Physical city & province _____ Postal code _____

Telephone number (work) _____ Fax number _____

SIC (STANDARD INDUSTRIAL CLASSIFICATION) CODE DETAILS Please complete per registration number.

The SIC CODE () is the code that matches the employer's main business activity. While more than one code may be applicable, the employer must select ONE code that best describes the core activities. Tick the code that describes your current core business activities.

81904	Investment Entities and Trusts
83110	Administration of Financial Markets
83120	Security Dealing Activities
83121	Stock Broking Activities
83180	Development Corporations and Organisations
83190	Activities Auxiliary to Financial Intermediation
88101	Tax Services
88102	Asset Portfolio Management
88103	Company Secretary Services

88120	Accounting, Bookkeeping and Auditing Activities
88121	Activities of Accountants and Auditors Registered in terms of the Public Accountants
88122	Activities of Cost and Management Accountants
88123	Bookkeeping Activities, including Relevant Data Processing and Tabulating Activities
88140	Business and Management Consultancy Activities
88142	Project Financial Management
91108	South African Revenue Service (SARS)
9110E	Dept of State Expenditure and Finance
Other	

Describe your core business activity/activities _____

ORGANISATION CONTACT For communication purposes only, complete if different from SDF details above.

Title _____ First Name _____ Surname _____

Initials _____ Job Title _____

Cellphone number _____ Telephone number (work) _____

Fax number _____ e-mail _____

PROVINCIAL AND CURRENT EMPLOYMENT PROFILE

Please report the distribution of the staff (corresponding to the registration number) provincially and according to occupational group. This is defined as the total workforce in respect of whom SDL would have been paid to SARS on behalf of your organisation. Please include all permanent staff including, partners, directors and learners (irrespective of whether or not they are exempt for the SDL). Do not include other employees for whom you do not have to consider paying SDL e.g. temporary workers. Trainee accounting and auditing clerks fall into the Professionals category. Ensure that the Total number of staff reported in this form (in the Province table and the Occupation Categories table) match. For purposes of completing the **DISABLED** column, persons with disabilities are in the first instance categorized along population group and gender lines, and then again as disabled. They are counted when reporting against gender and are specified again in the disabled column.

Province	No.	Occupation Categories	African			Coloured			Indian			White			Total		
			M	F	D	M	F	D	M	F	D	M	F	D	M	F	D
Eastern Cape		Managers															
Free State		Professionals															
Gauteng		Technicians & Trades Workers															
KwaZulu-Natal		Community and Personal Service Workers															
Mpumalanga		Clerical and Administrative Workers															
Northern Cape		Sales Workers															
Limpopo		Machinery Operators and Drivers															
North West		Elementary Workers															
Western Cape		Total															
Total																	

Current Employment Profile @ 1 April 20 _____ (insert applicable year)

In the table above:

M = Male

F = Female

D = Person with Disability

ORGANISATION INFORMATION

Total annual payroll for the end of the previous financial year _____

Please indicate your organisation's financial year (e.g. March-Feb) _____

Turnover for the last financial year of your organisation _____

Pay-As-You-Earn (PAYE) Number _____

Unemployment Insurance Fund (UIF) Number _____

ENTITY INFORMATION

TYPE OF ENTITY	INCOME TAX OR REGISTRATION NUMBER
Non-Governmental Organisation (NGO)	<i>Tick box if applicable & provide registration number.</i>
Community-based Organisation (CBO)	<i>Tick box if applicable & provide registration number.</i>
Section 21 Company	<i>Tick box if applicable & provide registration number.</i>
Pty Ltd	<i>Tick box if applicable & provide registration number.</i>
Close Corporation CC	<i>Tick box if applicable & provide registration number.</i>
Sole Proprietor	<i>Tick box if applicable & provide registration number.</i>
Partnership	<i>Tick box if applicable & provide registration number.</i>
Other	<i>Tick box if applicable & provide registration number. Provide description of type of entity.</i>

AUTHORISATION

This authorisation certifies that consultation has occurred between employer and employees through the Training Committee, if applicable. This is proof that the signatories certify the accuracy of the information presented in the attached sections. Fasset reserves the right to independently verify information supplied. The responsibility for the correctness of this document rests with the employer. By submitting this application, the parties to the application acknowledge that Fasset and/or any of its affiliates will be processing the personal information included in this application. The processing of such information by Fasset will be carried out in accordance with the law and in a proper and careful manner in order to not intrude upon the privacy of the data subject to an unreasonable extent. The purpose of processing the personal information belonging to the application is to conform with the performance monitoring process instituted by the Department of Higher Education and Training (DHET) which Fasset is required to complete on a quarterly basis. By submitting this application the parties agree that the purpose of collection of the personal information as discussed is adequate, relevant and not excessive. The parties specifically record that all personal information processed shall constitute confidential information and shall be treated as such by all the parties involved respectively.

Name of **Authorised Signatory** (e.g. CEO, Managing Partner) _____

Details **Authorised Signatory** email: _____ telephone: _____ fax: _____

Position in organisation _____

Name of **SDF** _____

Signed (SDF) _____ Date _____

Signed (Authorised Signatory e.g. CEO, FD, Managing Partner) _____ Date _____

On behalf of Training Committee if Applicable (Employer Representative)

Name of **Authorised Signatory** _____

Signed _____ Date _____

On behalf of Training Committee if Applicable (Employee Representative)

Name of **Authorised Signatory** _____

Signed _____ Date _____