

Skills Development Facilitator Registration

New and Change of Skills Development Facilitator

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GUIDELINES

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 SDL Paying Employer (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.

ROLE OF THE SDF

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 DETAILS All Non Levy Payers must elect a SDF.

Title _____ First Name _____ Surname _____

Initials _____ Identity Number _____

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

If NO, please complete the questions 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 (please 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 _____

ORGANISATION 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 _____

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

Title _____ First Name _____ Surname _____

Initials _____ Job Title _____

Cellphone number _____ Telephone number (work) _____

Fax number _____ e-mail _____

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:
Please tick the applicable box

Single establishment

Single branch of an organisation

Multiple branches of an organisation

Group of organisations

Please indicate 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).

The SIC CODE (Standard Industrial Classification 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. The SIC code may have changed from one year to another as the main business focus of the employer changes. Circle the code that describes your core business activities.

<input type="checkbox"/> 81904 Investment Entities and Trusts	<input type="checkbox"/> 88120 Accounting, Bookkeeping and Auditing Activities
<input type="checkbox"/> 88123 Bookkeeping Activities, including Relevant Data Processing and Tabulating Activities	<input type="checkbox"/> 88121 Activities of Accountants and Auditors Registered in terms of the Public Accountants
<input type="checkbox"/> 83120 Security Dealing Activities	<input type="checkbox"/> 88122 Activities of Cost and Management Accountants
<input type="checkbox"/> 83121 Stock Broking Activities	<input type="checkbox"/> 83110 Administration of Financial Markets
<input type="checkbox"/> 83180 Development Corporations and Organisations	<input type="checkbox"/> 88140 Business and Management Consultancy Activities
<input type="checkbox"/> 83190 Activities Auxiliary to Financial Intermediation	<input type="checkbox"/> 88142 Project Financial Management
<input type="checkbox"/> 88101 Tax Services	<input type="checkbox"/> 91108 South African Revenue Service (SARS)
<input type="checkbox"/> 88102 Asset Portfolio Management	<input type="checkbox"/> 9110E Dept of State Expenditure and Finance
<input type="checkbox"/> 88103 Company Secretary Services	<input type="checkbox"/> Other _____

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. From 2009 Fasset will be classifying employees according to eight occupational categories, as opposed to nine categories. Trainee accounting and auditing clerks now 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

SDF Registration

SDL No. _____

SDF Signature _____

Authorised Signatory Signature _____

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 _____

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>
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.</i>

PREVIOUS SDF DETAILS *If applicable*

Title _____ First Name _____ Surname _____

Initials _____ Date of resignation as SDF _____

Reasons for change _____

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.

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 _____