



### APPLICATION FORM FOR INTERNS

**Funded:**

**Unfunded:**

**Name of Employer Applying for the Intern Grant:** \_\_\_\_\_

**Skills Development Levy number of employer: L**\_\_\_\_\_

**Is this employer a contributing member of the Services SETA?**

**Yes**

**or**

**No**

*If NO tick one of the following;*

**Non Levy Paying Enterprises (NLPE's)**

**Non Government Organisation (NGO)**

**Community Based Organisation (CBO)**

**Community Based Co-operatives**

**Physical Address of the employer applying for the Intern grant:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Persons name:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**COMPANY CONTACT PERSON**

*(Strictly a person who was involved in completing this document)*

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name \_\_\_\_\_ Initials \_\_\_\_\_

Designation \_\_\_\_\_

Telephone Number (work) \_\_\_\_\_

Cell Number \_\_\_\_\_

Fax Number (work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Compiled by**

**Designated Signatory**

**CEO/CFO**

**Date**

**Authorised by**

**Designated Signatory**

**Financial Manager**

**Date**

**Company/Entity Registration Number**

**Company/Entity VAT Registration Number**

**Section 21 Number**



**PART E**

If Services SETA needs to source the intern for the employer, indicate what qualification the intern is required to have.

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Indicate if there is a mentor in place to guide the intern through the programme :

 Yes No

**If yes complete the following:**

Name of Mentor: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Completion:	
Employer Representative ( <i>name in full</i> ):	
Designation of employer representative:	
Signature:	

<u>Checklist</u>	
All details completed and signed off	
BEE Rating Certificate	
SME Exemption if applicable	
Vendor form Completed	
Tax Clearance Certificate submitted	

<b>For Regional Office Use Only</b>
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Date of Receipt	
Recipient	
Accepted	
Rejected	
Signature:	