



Your Skills Partner



## APPLICATION FOR DISCRETIONARY GRANT: CHANGE OF LEARNING PROGRAMME

## REQUEST FOR CHANGE OF LEARNING PROGRAMME APPLICATION FORM

**SECTION A: APPLICANT DETAILS** 

Name of Applicant/ Organisation		
Skills Development Levy Number		
Applicant/Organisation Contact Person	Name	
	Designation	
	Telephone Number	
	Mobile Number	
	Fax Number	
	Email Address	







Food & Beverages Manufacturing Sector Education and Training Authority

Your Skills Partner



13 Autumn Street | Rivonia | 2128

## SECTION B. LEARNING PROGRAMME DETAILS

FoodBev SETA			Request from the Entities/ companies					
Learning Programme	Duration	Qualifications and SAQA ID	Overall Approved Number/s	Learning Programme	Qualifications and SAQA ID	Duration	Department/Unit (where learner/s will be placed)	Numbers
			-					
			]					



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•	13 Autumn Street   Rivonia   2128

MOTIVATION FOR A CHANGE					
(provide reasons for the required change of learning programme)					





## **AUTHORISATION OR DECLARATION**

I, the undersigned submit this information in fulfilment of this entity's legal obligation in terms of the skills development legislation and regulations. I declare that, to the best of our knowledge, the information contained in the application is accurate and up to date.

SKILLS DEVELOPMENT FACILITATOR				
First Name				
Surname				
Signature				
Date				
FO	OR OFFICE USE ONLY			
Date received by the FoodBev SETA				
Received By				
Signature				



