Mining Qualifications Authority
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MINING QUALIFICATIONS AUTHORITY

DGAF01_2022/2023

DISCRETIONARY GRANTS APPLICATION FORM 2023/2024

GRANT APPLICATIONS: CLUSTER 1 – PROGRAMMES

This application form must be completed by Employers/Organisations wishing to participate in the following programmes supported by MQA. The Employer/Organisations may apply on this application for one or more programmes indicated below:

SECTION	PROGRAMME
D	CANDIDACY
E	INTERNSHIP
F	WORK EXPERIENCE AND VACATION WORK
G	WORKPLACE COACHES
H	MANAGEMENT AND EXECUTIVE DEVELOPMENT PROGRAMME

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 confirmed that all the information provided in this application is true and accurate.

Name and Surname:		**Date:**	
		Click here to acknowledge commitment	

NOTE: **The Applications form is set-up as 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. Applications form completed by hand will not be considered.**

This application form must be submitted electronically to grants@mqa.org.za. Application forms submitted to any other e-mail address at MQA will not be considered.

B. GENERAL APPLICATION RULES

1. The Application Form must be completed in full and submitted to the MQA to grants@mqa.org.za. Applications Forms 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 2023 to 31 March 2024.
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/Applicant Name	
Skills Development Levy (SDL) Number (Paying or Exempted)	
Site SDL Number (Paying levies- If applicable)	
Organisation Registration Number (If applicable)	

PHYSICAL ADDRESS

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

POSTAL ADDRESS

Post Address			
Area/Suburb		City/Town	
Postal Code		Province	_

SIZE OF THE ORGANISATION *(please select the correct option pertaining to the company size)*

Size of the organisation	Small (0 – 49)		Medium (50 – 149)		Large (<150)	
	☐		☐		☐	
Has the organisation submitted the WSP/ATR In 2022?	Yes	☐	No	☐		
Has the organisation submitted the Pivotal Plan and Report in 2022?	Yes	☐	No	☐		
Is the organisation workplace approved?	Yes	☐	No	☐		

D. CANDIDACY

Number of learners applying for Candidacy	

Contact details of person responsible for CANDIDACY:

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

E. INTERNSHIP

Number of learners applying for Internship?	

Contact details of person responsible for INTERNSHIP:

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

F. WORK EXPERIENCE AND VACATION WORK

- **VACATION WORK**

Number of learners applying for Vacation Work?	

Contact details of person responsible for VACATION WORK:

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

- **WORK EXPERIENCE (PRACTICAL TRAINING)**

Number of learners applying for Practical Training?	

Contact details of person responsible for PRACTICAL TRAINING:

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

G. WORKPLACE COACHES SPECIFIC GUIDELINES

1. The duration of this programme is 12 months
2. The coach must be able to transfer skills and knowledge to learners
3. The coach must preferably be an HDSA individual
4. Preference should be given to retrenched/retired/unemployed individuals with relevant qualifications and experience in the relevant discipline on this project.

Please complete the compulsory fields (*) below.

Number of Coaches applying for?	

Contact details of person responsible for WORKPLACE COACHS PROJECT:

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

Alternative contact details of person responsible for WORKPLACE COACHS PROJECT:

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

H. MANAGEMENT AND EXECUTIVE DEVELOPMENT PROGRAMME (*MEDP*) SPECIFIC GUIDELINES

The MQA will only fund Employers who register learners in courses that meet the following criteria:

1. The provider delivering the programme must be accredited for the specific programme by the relevant accreditation/certification body.
2. Learners on the programme must be permanently employed by the Employer.
3. All employers to register only permanent HDSA Employees.

Please complete the compulsory fields (*) below.

Number of learners applying for Management and Executive Development Programme (MEDP)	

Contact details of person responsible for MEDP

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

Alternative contact details of person responsible for MEDP

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

- **End of Form -**