Mining Qualifications Authority
7 Anerley Road
Parktown, Johannesburg, 2193
Private Bag X118, Marshalltown, 2107
Tel: 011 547 2600
Email: info@mqa.org.za

MINING QUALIFICATIONS AUTHORITY

DGAF07_2022/2023

DISCRETIONARY GRANTS APPLICATION FORM WORKER INITIATED TRAINING PROGRAMME 2023/2024

A. GENERAL APPLICATION RULES

1. The application form must be completed in full and be duly signed by the authorised person.
2. Application form must be submitted to the MQA via the prescribed e-mail address.
3. Applications must be submitted before the closing date, application received after the closing date will not be considered.
4. No additional costs may be funded unless so authorised by the MQA.
5. It is the responsibility of the applicant to ensure that their application is received by MQA.
6. It is the applicant's responsibility to inform MQA on changes to contract person.
7. The application form may not be altered, and it should be used as it is.

B. ALLOCATION CRITIERIA

1. The applicant must be a registered and recognised Union operating in the Mining and Minerals Sector (MMS).
2. The registered and recognised Union will then submit applications on behalf of its members who are currently employed.
3. The registered and recognised Union will conduct its own Training Gap Analysis of the prospective beneficiaries.
4. The registered and recognised Union may submit applications for several operations and these need to be indicated in the form.
5. The training intervention identified should commence in the 2023 - 2024 financial year.
6. Priority will be given to training programmes in the disciplines aligned to the Mining and Mineral Sector Skills Plan (SSP) which the beneficiaries will be trained on.
7. Applications should indicate the training cost breakdown in the applications. No stipend for beneficiaries will be paid.
8. Applications should have a detailed project roll- out plan with comprehensive training intervention details; and
9. Submission of a proposal indicating the following information as minimum requirements:
   a. Name of recognised Union.
   b. Union registration details.
   c. The sector in which the union is operating; and
   d. Profile of the employees/ beneficiaries

NB: MQA Funding Policy Rules will apply, and the above rules must be read in conjunction with the MQA funding policy.

C. UNION DECLARATION

I , named hereunder, declare that as the duly authorised representative ,
of the Union confirms that Union will comply with the general rules and criteria hereunder and further confirm 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 be disqualified.

NO.	ITEM	YES/NO	KINDLY REFER TO PAGE NUMBER FOR EVIDENCE
1	Read, and compile details in Section 1 of this form.	_	
2	Provide correct union details as per Section 2.	_	
3	Complete the interventions list as per Section 3.	_	
4	Provide details of the approach and rationale for training in a separate proposal. Indicate additional support required for the seed funding grant.	_	
5	Ensure you include proof of Accreditation for proposed training (Where applicable)	_	
6	Indicate stakeholders and/ partners responsibilities and attach agreement/s or MoU in place	_	
7	Make sure your proposal is only for 2023/2024	_	

D. UNION INFORMATION

Union Name	
Union Registration Number	
Business Operations for which the application is made	
Business Skills Development Levy Number if applicable	
Number of employees identified for training	

E. UNION PHYSICAL ADDRESS

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

F. UNION POSTAL ADDRESS

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

G. TRAINING INTERVENTIONS GRANT

1. The MQA will consider funding the training of union members as identified by the applicant union for the training interventions stipulated in the table below.
2. The union needs to complete the form below and indicate the number of nominated persons to be trained per intervention.
3. This training is intended for union members or their nominated representatives.
4. The appointment of the training provider(s) will form part of the proposal submitted.
5. The programme(s) indicated below are identified by the union as relevant and required programmes identified in the training gap analysis.

All the below fields are compulsory.

Types of Training intervention(s) identified by the union as relevant and required programmes identified in the training gap analysis.	Number of people applying for per intervention* (Insert the number of beneficiaries applying for per training intervention)
Short Programme	
Skills programme	
Learnerships	

Contact details of person responsible for WORKER INITIATED TRAINING

Site Name			
Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	_
Rural or Urban	_		
Name and Surname of Representative			
Tel Number			
Cell Number			
E-mail			

-End of Form -