

PROJECT IMPLEMENTATION PLAN

Entity allocated project												
Employer/Training Provider												
Physical address					Postal address							
	Code:					Code:						
Local Municipality												
VAT Registration No.						CETA Levy Payer <input type="checkbox"/>		Non CETA Levy Payer <input type="checkbox"/>				
Skills Development Levy Number (If Applicable)												
Name												
Designation												
Tel No.				Cell Phone No.					Fax No.			
Email Address												
Period of Employer Existence (<i>Please Tick</i>)	Less than 1 year	<input type="checkbox"/>	2 – 5 years	<input type="checkbox"/>	6 – 10 years	<input type="checkbox"/>	More than 10 years	<input type="checkbox"/>				
Employer size (<i>Please Tick</i>)	Small (1 – 49)	<input type="checkbox"/>	Medium (50 – 149)	<input type="checkbox"/>					<input type="checkbox"/>			
Number of Permanent Employees					Number of Seasonal Workers							

Name of Province where the project is implemented (*Please tick most applicable*)

- | | | |
|---|--|---------------------------------------|
| Gauteng <input type="checkbox"/> | North West <input type="checkbox"/> | limpopo <input type="checkbox"/> |
| Western cape <input type="checkbox"/> | Northern Cape <input type="checkbox"/> | Eastern cape <input type="checkbox"/> |
| Kwa-Zulu natal <input type="checkbox"/> | Free State <input type="checkbox"/> | Mpumalanga <input type="checkbox"/> |

Size / type of company (tick appropriate)	SMALL (0-49)	<input type="checkbox"/>	MEDIUM (50-150)	<input type="checkbox"/>	LARGE (151+)	<input type="checkbox"/>	BEE	<input type="checkbox"/>	PRIVATE PROVIDER	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>
	HET	<input type="checkbox"/>	FET	<input type="checkbox"/>	NLPE	<input type="checkbox"/>	CBO	<input type="checkbox"/>	NGO/NPO	<input type="checkbox"/>	Other	<input type="checkbox"/>
List current DG Projects												

SHORT SKILLS PROGRAMMES ☐
 BURSARY ☐
 LEARNER -SHIP ☐
 APPRENTICESHIP ☐
 INTERNSHIP ☐
 CANDIDACY ☐
 WORKPLACEMENT ☐
 OTHER (SPECIFY) ☐

Project Name																	
Qualification/s, Trade/s, Professions, etc									No of Learners								
Roll over <i>Is this a second or third year support to already funded CETA project?</i>																	
EMPLOYED (18.1)									UNEMPLOYED (18.2)								
AM	AF	IF	IM	CM	CF	WM	WF	D	AM	AF	IF	IM	CM	CF	WM	WF	D
Designated Groups and Equity Principles																	
Percentage of learners who are disabled																	
Explain if any learners will be placed or employed																	
Strategic Goal: CETA SSP / Provincial Business Plan Indicate SSP / Scarce / critical skills + OFO Codes																	
Expected Impact within industry sector: Describe how target group and Industry will benefit																	
Strategic Partners: Co-operation with other organisations																	
Training Provider (s) involved: Name/s of training providers if already appointed through the JPMT processes									Provider 1			Provider 2					

Accreditation number and expiry date of accreditation:			
Private / Public Provider:			
Accredited SETA:			
Accreditation Number:			
Period of Activity of Total Programme / Project e.g. L/Ship = 12 Months		Proposed Start Date (DD/MMM/YYYY)	Proposed End Date (DD/MMM/YYYY)
		DURATION (MONTHS)	
PHASE	Activities	Completion Date and Duration	Responsible
PHASE 1	Signing of offer letter		
	Establishment of a Joint Project Management Team		
	Opening of bank accounts / cost centres		
	Submission of a budget and a project implementation plan for approval		
	Recruitment of learners		
	Signing of Discretionary Grant Agreement		
	Induction of Learners		CETA AND ENTITY
PHASE 2	Theoretical learning: Unit Standards/Modules/CPD Workshop Outcomes/etc	Start and End Date	ENTITY AND TRAINING PROVIDER

	Simulation		
	Summative Assessment		
	Internal Moderation		
	External moderation		CETA
	Uploading of learner achievements		
PHASE 3	Workplace Learning	Start and End Date	EMPLOYER
	Workplace Details		
	Employer:		
	Physical Address:		
	Contact Person:		
	Contact Number:		
	Practical learning: Unit Standards/Modules/Tasks	Start and End Date	Names of Mentors/ Assessors/Moderators
	Summative Assessment		
Internal Moderation			

	Workplace Details		
	Employer:		
	Physical Address:		
	Contact Person:		
	Contact Number:		
	Practical learning: Unit Standards/Modules/Tasks	Start and End Date	Names of Mentors/ Assessors/Moderators
	Summative Assessment		
	Internal Moderation		
	Workplace Details		
Employer:			
Physical Address:			
Contact Person:			
Contact Number:			
Practical learning: Unit Standards/Modules/Tasks	Start and End Date	Names of Mentors/ Assessors/Moderators	

	Summative Assessment		
	Internal Moderation		
PHASE 4	External Moderation		CETA
	Implementation of External Moderation Recommendations (if necessary)		
	External Moderation		CETA
	Request for Certificates		
	Certification		CETA

Prepared by Entity

Entity Representative		Capacity	
Date		Signature	
Recommended by CETA PROVINCIAL OFFICE			
CETA: Provincial Project Lead			
Date		Signature	

REVIEWED BY CETA PROJECTS UNIT

REVIEWED BY CETA PROJECTS UNIT			
Approved by		Capacity	
Date		Signature	

APPROVED BY CETA PROJECTS EXECUTIVE

APPROVED BY CETA PROJECTS EXECUTIVE			
Approved by		Capacity	
Date		Signature	