

TETA SKILLS PROGRAMME REGISTRATION FORM



1. Company Name: _____

2. Company Contact Details:

Physical Address:		Postal Address:	
	Code:		Code:
Telephone No:		Fax No:	
Cell No:		E-mail:	

3. Company SARS Levy No: _____

4. Accredited Training Provider Contact Details:

Physical Address:		Postal Address:	
	Code:		Code:
Telephone No:		Fax No:	
Cell No:		E-mail:	

5. Name of Chamber in which Company is registered:

6. Title of Skills Programme:

7. Details of applicable unit standard(s):

US Code	Unit Standard (US) Title	Credit Value

8. Towards which qualification will the Skills Programme be offered?

9. What is the duration of the Skills Programme?

10. Is this Skills Programme in line with your current WSP?

Signature of Applicant **Date**

Approval Signature of Chamber EO **Date**

NB: Please ensure that this document is submitted and approved by the relevant chamber before submitting it to the SD Unit for registration.