



Transport Education Training Authority

Driven by Vision

TETA 2026/27

DISCRETIONARY GRANT

APPLICATION FORM

ENTITY TYPE CLASSIFICATION

Entity Type	Tick	Notes
Private Company	<input type="checkbox"/>	
Public Institution (HET/TVET/SOE)	<input type="checkbox"/>	
NPO / NPC	<input type="checkbox"/>	
Trade Union	<input type="checkbox"/>	
Co-operative	<input type="checkbox"/>	

LEGAL AND COMPLIANCE DETAILS

Item	Details	N/A
Legal Name of Entity		<input type="checkbox"/>
Registration Number		<input type="checkbox"/>
CSD Number		<input type="checkbox"/>
Levy Payer Number		<input type="checkbox"/>
SARS Income Tax Reference		<input type="checkbox"/>
VAT Number		<input type="checkbox"/>
B-BBEE Level / Exemption		<input type="checkbox"/>
Physical Address		<input type="checkbox"/>
Postal Address		<input type="checkbox"/>
Municipality		<input type="checkbox"/>
Province		<input type="checkbox"/>
Contact Person		<input type="checkbox"/>
Cellphone		<input type="checkbox"/>
Landline		<input type="checkbox"/>
Email		<input type="checkbox"/>

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ENTITY SIZE

SIZE OF ENTITY <i>(Tick as applicable)</i>	PRIVATE PROPRIETOR		SMALL <i>(0-49)</i>		MEDIUM <i>(50-150)</i>		LARGE <i>(≥151)</i>	
TYPE OF ENTITY <i>(Tick as applicable)</i>	Public HET		Public TVE		Private HE		Private TVE	
	Co-operative		Trade Union		NPC		NPO	

CHAMBER ALIGNMENT

Name of Chamber <i>(in line of business/training requirements)</i> <i>(Tick as applicable)</i>	Aerospace		Maritime		Road Passenger	
	Forwarding & Clearing		Rail		Taxi	
	Freight Handling		Road Freight		Other	

TRAINING INTERVENTION PROFILE

Item	Details
Type of Intervention (Learnership/Apprenticeship/Skills Programme/OC/Bursary/RPL)	
Programme Title	
SAQA ID / Qualification	
NQF Level	
Credits	
Mode of Delivery (Institutional/Workplace/Blended)	
Entry Requirements	
Occupational Focus	
Sector Value Chain Relevance	

APP ALIGNMENT MATRIX

APP Programme	APP Output Indicator	APP Target	Proposed Learners	Contribution %	PIVOTAL / Non-PIVOTAL



LEARNER DEMOGRAPHICS

Category	Number
Total Learners	
Employed	
Unemployed	
Youth (18–35)	
Women	
Persons with Disabilities	

TRAINING SITE DETAILS

Item	Details	N/A
Primary Training Site Address		<input type="checkbox"/>
Municipality		<input type="checkbox"/>
Province		<input type="checkbox"/>
Workplace Host Name		<input type="checkbox"/>
Workplace Approval Number		<input type="checkbox"/>
Site Readiness (Facilities/Workshops/Equipment/PPE)		<input type="checkbox"/>

TRAINING DURATION AND SCHEDULE

Item	Details
Start Date	
End Date	
Total Duration (Months)	

IMPLEMENTATION PLAN

Phase	Activity	Deliverable	Start	End



STIPEND / ALLOWANCE STRUCTURE

Category	Monthly Amount	Duration	Total Cost	N/A
Unemployed Learner Stipend				<input type="checkbox"/>
Employed Learner Allowance				<input type="checkbox"/>
Mentor Allowance				<input type="checkbox"/>
Workplace Host Grant				<input type="checkbox"/>

COST PER LEARNER AND BUDGET

Cost Item	Unit Cost	Learners	Total
Tuition			
PPE / Toolkits			
Assessment			
Moderation			
Certification			
Stipends			
Administration (within cap)			
Summary			Amount
Cost per Learner			
Total Project Cost			
Within TETA Cost Norms (Yes/No)			

EXPECTED OUTPUTS AND IMPACT

Output Indicator	Planned Achievement	Evidence Source
Enrolments		
Completions		
Certifications		
Workplace Placement		
Learner Absorption		



SECTORAL IMPACT NARRATIVE

(Skills pipeline, employment, transformation, productivity)

LEARNER ABSORPTION PLAN

Absorption Partner Learners Nature of Absorption Proof Attached [where applicable]

IMPLEMENTATION CAPACITY

Human Resources (Where applicable)

Role	Name	Qualification	Experience
Project Manager			
Facilitator			
Assessor			
Moderator			
Placement Officer			

Physical and Systems Resources

Resource	Available	N/A
Training Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Workshops	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Learner Management System	<input type="checkbox"/>	<input type="checkbox"/>
PoE Tracking System	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS PROJECT PERFORMANCE

Project	Programme Type	Year	Learners	Completion Rate	Absorption Rate	Reference



ACCREDITATION DETAILS (IF APPLICABLE)

Item	Details	N/A
Training Provider Name		<input type="checkbox"/>
Accreditation Body (QCTO/ETQA/SETA)		<input type="checkbox"/>
Accreditation Number		<input type="checkbox"/>
Expiry Date		<input type="checkbox"/>
Scope of Accreditation		<input type="checkbox"/>

STRATEGIC PARTNERS

Partner	Role	Contribution	Contact Details	N/A

RISK REGISTER

Risk	Likelihood	Impact	Mitigation	Responsible Person
Learner Dropout				
Workplace Shortage				
Accreditation Expiry				
Delayed Certification				

MONITORING AND REPORTING

Milestone	Deliverable	Evidence	Reporting Frequency
Monthly Progress	Attendance Registers	Signed	Monthly
Quarterly Review	Progress Report	Verified	Quarterly
Close-out	Certificates	Certified	End



DECLARATION

Item	Response	Comment
Information is accurate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Capacity to implement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
No conflict of interest	<input type="checkbox"/> Yes <input type="checkbox"/> No	
No change of training provider without approval	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name & Surname

Signature:

Date:

PMO PRE-SCREENING (OFFICE USE)

Compliance Item	Yes	No	Comment
APP alignment confirmed	<input type="checkbox"/>	<input type="checkbox"/>	
Accreditation valid	<input type="checkbox"/>	<input type="checkbox"/>	
Cost per learner within cap	<input type="checkbox"/>	<input type="checkbox"/>	
Workplace approval verified	<input type="checkbox"/>	<input type="checkbox"/>	
CSD, BBBEE and SARS compliant	<input type="checkbox"/>	<input type="checkbox"/>	