



Transport Education Training Authority

Driven by Vision

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FLAGSHIP APPLICATION FORM-2024/2025

Name of Applicant (Entity)			
Skills Levy Number <i>(if applicable)</i>		Tick if NLPE <small>(Non-Levy Payer)</small>	
Entity Category <i>(Tick as applicable)</i>	Private		Public
Registration Number <i>(Cipro No./ NOP No./ NGO No. etc. - as applicable)</i>			
Income Tax Number			
Tax Clearance Certificate number or Tax Compliance Status Pin			
CSD Supplier Number		BBBEE Level	
Company Contact Person (Project Manager)			
Telephone Number		Mobile No.	
Email Address			
Physical Address			
	Municipality		
	Province	Code	
Postal Address <i>(if not the same as above)</i>			
	Municipality		
	Province	Code	

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	
List current DG Contracts						

SIZE OF ENTITY <i>(Tick as applicable)</i>	PRIVATE PROPRIETOR		SMALL <i>(0-49)</i>		MEDIUM <i>(50-150)</i>		LARGE <i>(≥151)</i>	
	Public HET		Public TVET		Private HET		Private TVET	
TYPE OF ENTITY <i>(Tick as applicable)</i>	Co-operative		CBO		NGO		NPO	

NAME OF AUTHORISED ENTITY REPRESENTATIVE: _____

SIGNATURE OF AUTHORISED ENTITY REPRESENTATIVE:

DATE: _____ / _____ / _____ (dd/mmm/yyyy)

FOR OFFICE USE ONLY (to be completed by TETA Project Office Unit)

Date received: _____/_____/_____ Received by: _____

TETA Reference No. _____ Signature of Recipient: _____

Check list:

Required documentation with the submission	Check (for Office Use)	
	Yes	No
Completed GOPP application form (signed by authorised signatory)		
Proof of company registration (CIPRO registration, and list of Company Directors)		
Proof of Registration on Central Supplier Database (CSD)		
ID copy of applicant (authorised signatory)		
Proof of authorised signatory (where the applicant is not listed under the Company Directors); e.g. Letter from an active director, delegation of authority.		
Proof of accreditation of responsible training provider		
Accreditation scope		
Tax Clearance		
BBBEE certificate (where applicable)		

FLAGSHIP PROJECT PROPOSAL

1. NAME OF PROJECT

2. PROJECT DESCRIPTION

2.1. *Background to the Project Initiative*

(Explain the background to the project concept and define why the project should be implemented)

2.2. *Beneficiaries (direct and indirect)*

Define the target group for the project:

*Breakdown regarding: 1. race; 2. gender; 3. employability status [employed / unemployed]; 4. age group 5. disability status (if applicable); **MUST** be provided*

In the event of a learning programme: define the Eligibility Criteria: (Entry requirements to the program).

2.3. *Project Benefits*

Explain how industry will benefit. Describe how the target group will benefit

2.4. *Alignment to TETA Strategic Goal*

Describe which strategic goal of TETA this project aligns to. This must be in line to 2017-2018 TETA Strategic Plan

2.5. *Overall Objective*

Define the objective of the project. What does the project aim to achieve. List – specific measurable outcomes of the project. Define the project indicators and measurement criteria for achieving the objectives set out for the project: who; what; where; when; how

2.6. Project Time Line

Describe the duration of the entire project from signature of the contract. This must include, the initiation phase (selecting the training provider (if applicable), recruitment of learners, planning phase, desk review, compilation of all necessary documentation, registration of learners etc. – as may be applicable to the project), the implementation phase (implementing the actual planned interventions, reporting), closeout phase (certification (where applicable), closeout report, accounts reconciliations, etc.).

This must be in line with the detailed Implementation Plan attached to this document.

2.7. Expected Impact / Outputs / Results

Expected Impact within industry sector: (Benefits/changes as result of program). Describe the potential expected impact of the implementation of the assignment.

2.8. Proposed Budget

In the event of a non-learning programme (e.g. research activity, road safety campaigns, career guidance, etc.)

Project Activities	Quantities	Unit cost	Total Budget

In the event of a learning programme (learnerships, skills programmes, bursary, AET, Apprenticeship, etc.)

Learning programme <i>(define type of programme)</i>	No. of learners	NQF Level	No. of Credits	Employment status <i>(Employed/Unemployed)</i>	Cost per learner	Total Budget

3. GEOGRAPHICAL LOCATION

Describe where the project will be implemented. In the event of a learning programme, describe from which geographical areas the learners will be selected.

4. STRATEGIC PARTNERS

Strategic Partner name	Role and responsibility

Define the Strategic Partners, or collaborations formed. Describe the co-operation with other organisations in this program. Provide full details and contact information and involvement / contribution of each partner. (if any)

5. IMPLEMENTING ENTITY

Describe the technical capacity of the proposed Training Provider/s, years of experience, traceable records (letters of reference must be provided).

In the event that the project involves training providers the table below **MUST** be completed. Additional Tables must be included should there be more than one Training Provider involved.

Name of Training provider (Entity)				
ETQA accreditation number				
Accreditation Expiry date				
Entity Category (Tick as applicable)	Private		Public	
Registration Number (Cipro No./ NOP No./ NGO No. etc. - as applicable)				
Vat Registration Number (if applicable)		BBBEE Level		
Company Contact Person (Project Manager)				
Telephone Number		Mobile No.		
Email Address				
Physical Address				
	Municipality			
	Province		Code	
Postal Address (if not the same as above)				
	Municipality			
	Province		Code	

6. RISK ANALYSIS

Define all **risks** identified in impeding the implementer **to deliver** according to this proposal.

Define all **risks** identified **in completing** this project in accordance to the time frame proposed.

7. IMPLEMENTATION PLAN

Activity	Deliverable	Start Date	End Date