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Skills Development Facilitator Registration 2022/2023 New and Change of Skills Development Facilitator (SDF)



Postal Address: PO Box 6801, Cresta, 2118 | Phone: (011) 476-8570 | Call Centre: 086 101 0001 | Website: http://www.fasset.org.za | email: grantapplications@fasset.org.za

BACKGROUND

Where it is requested that the 'Registration No' is entered at the bottom of this document, please enter your allocated registration number i.e. the Skills Development Levy (SDL) number issued by the South African Revenue Services (SARS), or the registration number issued by Fasset in the case of Non Levy Paying Employers (NLPs, Exempt from the SDL). If you are a NLP Employer (Exempt) and have not yet been issued a Registration Number by Fasset, please enter your Unemployment Insurance Fund (UIF) Number and ensure you precede it by a \underline{U} .

A Skills Development Facilitator (SDF) is responsible for: • Assisting the employer and employees to develop the Workplace Skills Plan (WSP) • Advising the employer and employees on the implementation of the WSP • Assisting the employer to draft the annual report on the implementation of the WSP (Annual Training Report, ATR) • Advising the employer of any quality standards set by the Seta • Acting as a contact person between the employer and the Seta, and serving as a resource with regard to all aspects of skills development.

This application form may be completed at any time of the year; however employers must complete it as soon as the SDF changes, otherwise important Seta information will not be received by the correct person.

Title	First Name Surname			
Initials	Identity Num	ber		
Telephone numb	per (work)			e-mail address
Are you registere	ed with Fasset as	a SDF?		
If NO, please co	mplete the questic	ons directly b	elow	NO
If YES, please g	o to the next section	on (Organisa	ation Contact)	YES
r statistical purpo	ses only. Tick if a	pplicable.		OCCUPATIONAL GROUP OF SDF (please tick appropriate box)
Condon	Demodetica Cocom	Disability	South African	Managers
Gender Male	Population Group African	Status Yes	Citizen?	Professionals
Female	Coloured	No	No	Technicians and Associate Professionals
	Indian			Clerical Support Workers
	White	=		Service and Sales Workers
		_		Skilled Agricultural, Forestry, Fishery, Craft and Related Trades Workers
Highest level of e	education			Plant and Machine Operators and Assemblers
				Elementary Occupations
Experience relev	ant to SDF (indica	ate duration i	in years)	Current Occupation
				· -
Postal address				
City and province	e			Postal code
Cellphone numb				T
Fax number	· -			e-mail
	oved by an employ	ver in a rural	or urban area? (tic	
is the obt empi		yei iii a iulai	or dibarrarea: (iic	Conect boxy
			PREVIOUS S	DF DETAILS If applicable
	First Name			Surname
Title				
Title	Identity Num	nber		

ORGANISATION CONTACT DETAILS Please complete per registration number against which you are affiliated					
Organis	sation na	ame			
Postal a	address				
Postal	city & pro	ovince			Postal code
Physica	al addres				
Physica	al city &	province			Postal code
Telepho	one num	nber (work)	_ Fa	ax number	
	SIC (S	STANDARD INDUSTRIAL CLASSIFICATION)NI)	CODE DE	TAIL S Places complete per registration number
he SIC C nust selec	CODE ()		ess ac	ctivity. While n	nore than one code may be applicable, the employer
	81904	Investment Entities and Trusts		88120	Accounting, Bookkeeping and Auditing Activities
	83110	Administration of Financial Markets		88121	Activities of Accountants and Auditors Registered in terms of the Public Accountants
	83120	Security Dealing Activities		88122	Activities of Cost and Management Accountants
	83121	Stock Broking Activities		88123	Bookkeeping Activities, including Relevant Data Processing and Tabulating Activities
	83180	Development Corporations and Organisations		88140	Business and Management Consultancy Activities
	83190	Activities Auxiliary to Financial Intermediation		88142	Project Financial Management
	88101	Tax Services		91108	South African Revenue Service (SARS)
	88102	Asset Portfolio Management		9110E	Dept of State Expenditure and Finance
	88103	Company Secretary Services		Other	
Describ	oe your c	core business activity/activities		 	
	ORGA	ANISATION CONTACT PERSON For commu	ınicəti	ion nurnoses (only complete if different from SDE details above
				<u> </u>	· · ·
		First Name		Surn	ame
Initials		Job Title			
•	one num				
Fax nui	mber	e-mail			
		ORGANISATI	ON I	NFORMAT	TON
Total a	nnual pa	yroll for the end of the previous financial year			
Please	indicate	your organisation's financial year (e.g. March-Feb)			
Turnover for the last financial year of your organisation					
Pay-As	-You-Ea	ırn (PAYE) Number			
Unemployment Insurance Fund (UIF) Number					
Number of employees at time of application					
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SUF R	egistration 20	020/2021 SDL or NLP No	DF Sign	utui C	Signatory Signature

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ENTITY INFORMATION

TYPE OF ENTITY	INCOME TAX OR REGISTRATION NUMBER
Non-Governmental Organisation (NGO)	Tick box if applicable & provide registration number.
Community-based Organisation (CBO)	Tick box if applicable & provide registration number.
Section 21 Company	Tick box if applicable & provide registration number.
Pty Ltd	Tick box if applicable & provide registration number.
Close Corporation CC	Tick box if applicable & provide registration number.
Sole Proprietor	Tick box if applicable & provide registration number.
Partnership	Tick box if applicable & provide registration number.
Other	Tick box if applicable & provide registration number. Provide description of type of entity.

AUTHORISATION

PROTECTION OF PERSONAL INFORMATION (POPI)

1. Introduction

The Protection of Personal Information Act (POPI) aims to give effect to the constitutional right to privacy by balancing the right to privacy against that of access to information. POPI requires that personal information pertaining to individuals be processed lawfully and in a reasonable manner that does not infringe on the right to privacy.

This consent form sets out how personal information will be collected, used and protected by Fasset, as required by POPI. The use of the words "the individual" for the purposes of this document shall be a reference to any individual communicating with Fasset and/or concluding any agreement, registration or application, with the inclusion of each individual referred to or included in terms of such agreement, registration or application.

2. What is personal information?

The personal information that Fasset requires relates to names and surnames, birth dates, identity numbers, passport numbers, demographic information, education information, occupation information, health information, addresses, memberships, and personal and work email and contact details.

3. What is the purpose of the collection, use and disclosure (the processing) of personal information?

Fasset is legally obligated to collect, use and disclose personal information for the purposes of:

- reporting skills development initiatives to the Department of Higher Education and Training;
- · reporting enrolments and achievements of programmes to the South African Qualifications Authority;
- reporting on quality assurance functions to the Quality Council of Trades and Occupations;
- evaluating and processing applications for access to financial and other benefits;
- · compiling statistics and other research reports;
- providing personalised communications;
- · complying with the law; and/or
- for a purpose that is ancillary to the above.

Fasset may also use and disclose personal information for the purposes of:

 providing personal information to third parties who demonstrate an interest in either employing or making use of the services provided by an individual, in circumstances where the individual has indicated in clause 7, below, that he/she would like his/her details made available to potential employers or clients.

Fasset will not process personal information for a purpose other than those which are identified above without obtaining consent to further processing beforehand.

4. What is 'processing'?

POPI provides that the term "processing" covers any operation or activity, whether or not by automatic means, concerning personal information, including collection, receipt, recording, organisation, collation, storage, retrieval, alteration, consultation or use; dissemination by means of transmission, distribution or making available in any other form; or merging, linking, as well as restriction, erasure or destruction of information.

5. How will Fasset process personal information?

Fasset will only collect personal information for the purpose as stated above. Information will be collected in the following manner:

- directly from the individual
- from an agent, relative, employer, work colleague or other duly authorised representative who may seek or request our services;
- from education institutions, training providers, or other service providers that are providing or provided the individual with services;
- from our own records relating to our previous supply of services or responses to the individual's request for services; and/or
- from a relevant public or equivalent entity.

			Authorised
SDF Registration 2020/2021	SDL or NLP No.	SDF Signature	Signatory Signature

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6. To whom will personal information be disclosed?

The personal information may be disclosed to other relevant public or other entities on whose behalf we act as intermediaries, other third parties referred to above in relation to the purpose or who are sources of personal information, service providers such as professional bodies who operate across the borders of this country (trans-border flow of information) where personal information must be sent in order to provide the information and/or services and/or benefits requested or applied for. In the event of another party/ies acquiring all of or a portion of Fasset's mandate or functions, personal information will be disclosed to that party but they will equally be obliged as we are, to protect personal information in terms of POPI.

7. Consent and Permission to process personal information (authorised signatory):

- I hereby provide authorisation to Fasset to process the personal information provided for the purpose stated.
- I understand that withholding of or failure to disclose personal information will result in Fasset being unable to perform its functions and/or any services or benefits I may require from Fasset.
- Where I shared personal information of individuals other than myself with Fasset I hereby provide consent on their behalf to the collection, use and disclosure of their personal information in accordance with this consent provided and I warrant that I am authorised to give this consent on their behalf.
- To this end, I indemnify and hold Fasset harmless in respect of any claims by any other person on whose behalf I have consented, against Fasset should they claim that I was not so authorised.
- I understand that in terms of POPI and other laws of the country, there are instances where my express consent is not necessary in order
 to permit the processing of personal information, which may be related to police investigations, litigation or when personal information is
 publicly available.
- I will not hold Fasset responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.

8. Rights regarding the processing of personal information:

- The individual may withdraw consent to the processing of personal information at any time, and should they wish to do so, must provide Fasset with reasonable notice to this effect. Please note that withdrawal of consent is still subject to the terms and conditions of any contract that is in place. Should the withdrawal of consent result in the interference of legal obligations, then such withdrawal will only be effective if Fasset agrees to same in writing. Fasset specifically draws to the attention that the withdrawal of consent may result in it being unable to provide the requested information and/or services and/or financial or other benefits. Further, please note that the revocation of consent is not retroactive and will not affect disclosures of personal information that have already been made.
- In order to withdraw consent, please contact the Information Officer at popi@fasset.org.za.
- Where personal information has changed in any respect, the individual is encouraged to notify Fasset so that our records may be updated.
 Fasset will largely rely on the individual to ensure that personal information is correct and accurate.
- The individual has the right to access their personal information that Fasset may have in its possession and is entitled to request the
 identity of which third parties have received and/or processed personal information for the purpose. Please note however, that any request
 in this regard may be declined if:
- the information comes under legal privilege in the course of litigation,
- the disclosure of personal information in the form that it is processed may result in the disclosure of confidential or proprietary information,
- giving access may cause a third party to refuse to provide similar information to Fasset,
- the information was collected in furtherance of an investigation or legal dispute, instituted or being contemplated,
- the information as it is disclosed may result in the disclosure of another person's information,
- the information contains an opinion about another person and that person has not consented, and/or
- the disclosure is prohibited by law.

9. Requesting access and lodging of complaints:

- Please submit any requests for access to personal information in writing to Fasset's information officer at popi@fasset.org.za.
- With any request for access to personal information, Fasset will require the individual to provide personal information in order to verify
 identification and therefore the right to access the information.
- There may be a reasonable charge for providing copies of the information requested.
- If any request has not been addressed to satisfaction a complaint may be lodged at the office of the Information Regulator.

Name of Skills Development Facilitator (SDF)					
Details SDF	email:	telephone:	fax:		
Signed by Signatory			Date		
Name of Authorised Signatory (e.g. CEO, Managing Partner)					
Position in Organisation					
Details Authorised Signatory	email:	telephone:	fax:		
Signed by Authorised Signatory			Date		
	•	<u> </u>			

I declare that this application is to the best of my/our knowledge true and correct. I understand that Fasset may independently verify the information. I also understand that it is an offence in terms of section 33(b) of the Act to knowingly furnish any false information in this application and that I may be fined or imprisoned for one year if found guilty of knowingly furnishing such false information.

This authorisation certifies that consultation has occurred between employer and employees through the Training Committee, if applicable. This is proof that the signatories certify the accuracy of the information presented in the attached sections. Fasset reserves the right to independently verify information supplied. The responsibility for the correctness of this document rests with the employer. By submitting this application, the parties to the application acknowledge that Fasset and/or any of its affiliates will be processing the personal information included in this application. The processing of such information by Fasset will be carried out in accordance with the law and in a proper and careful manner in order to not intrude upon the privacy of the data subject to an unreasonable extent. The purpose of processing the personal information belonging to the application is to conform with the performance monitoring process instituted by the Department of Higher Education and Training (DHET) which Fasset is required to complete on a quarterly basis. By submitting this application the parties agree that the purpose of collection of the personal information as discussed is adequate, relevant and not excessive. The parties specifically record that all personal information processed shall constitute confidential information and shall be treated as such by all the parties involved respectively. By completing and signing this application form, the authorised signatory confirms that the application guidelines for this application have been read and understood.

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SDF Registration 2020/2021	SDL or NLP No.	SDF Sig	gnature	Authorised Signatory Signature	
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