



## ABET GRANT CLAIM FORM

EMPLOYER	LEVY NUMBER	DATE
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### FOODBEV SETA Procedure for ABET Grant Application

**Application submissions**

- ABET Grants will be disbursed at the discretion of FoodBev SETA
- ABET grants is dependant on the availability of funds.
- ABET Grant Applications must be submitted electronically, for notification, to FoodBev SETA
- The original (hard copy) ABET Grant Application Form must reach FoodBev SETA at:

**FOODBEV SETA**

13 Autumn Road, Rivonia. 2191  
PO Box 245, Gallo Manor, 2052

**A –ABET GRANT APPLICATION FORM: ABET PROVISION GRANT**

**B –ABET GRANT APPLICATION FORM: ABET ASSESSMENT GRANT**

## **FOODBEV SETA ABET PROVISION AND ABET ASSESSMENT GRANT CLAIM FORMS.**

Foodbev SETA has made grants available to accredited ABET training providers and companies within the Food and Beverages Manufacturing Sector for enrollment of employees on ABET 1 - 4 programmes and for assessing employees' competence in ABET, as per the Foodbev SETA ABET Grant Policy.

### **ABET GRANT CLAIM FORM: ABET PROVISION**

Please complete the form below and submit to Foodbev SETA. (Please note that an original signed copy must be sent to Foodbev SETA offices).

#### **Tranche 1: Registration Grant**

Number of employees registered on ABET 3 literacy <i>Eg. 34 employees @R2 000 per employee</i>	Training Provider XXXXXX	Amount Claimed R68 000
Number of employees registered on ABET 3 numeracy <i>Eg. 34 employees @R2 000 per employee</i>	Training Provider XXXXXX	Amount Claimed R68 000
Number of employees registered on ABET 4 literacy	Training Provider	Amount Claimed
Number of employees registered on ABET 4 numeracy	Training Provider	Amount Claimed
<b>TOTAL CLAIM:</b>		R136 000
<b>1<sup>ST</sup> TRANCHE</b>		<b>@ 50% ADVANCE</b> R68 000

#### **Tranche 2: Completion Grant**

Number of employees registered on ABET 3 literacy <i>Eg. 34 employees @R2 000 per employee</i>	Training Provider XXXXXX	Amount Claimed R68 000
Number of employees registered on ABET 3 numeracy <i>Eg. 34 employees @R2 000 per employee</i>	Training Provider XXXXXX	Amount Claimed R68 000
Number of employees registered on ABET 4 literacy	Training Provider	Amount Claimed
Number of employees registered on ABET 4 numeracy	Training Provider	Amount Claimed
<b>TOTAL CLAIM:</b>		R136 000
<b>2<sup>ND</sup> TRANCHE</b>		<b>@ 50%</b> R68 000

**DECLARATION BY EMPLOYER/PROVIDER**

**This section to be completed by registered SDF duly authorized by the company or a person duly authorized by the ABET Provider.**

I/we hereby accept the terms and conditions contained in the ABET Grant Policy. Furthermore I/we have satisfied ourselves to the extent, nature and regulations governing the proposed ABET Grants.

I/we declare that the employees to be enrolled on ABET programmes have been assessed and declared competent on an ABET level lower than the level the person is to be enrolled on.

I/we commit to provide Foodbev SETA with the required reports on ABET progress and completion.

**I/we attach the assessment results to this grant application (2<sup>nd</sup> tranche)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company SDL Number \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

**For FoodBev Seta Use Only:**

	<b>SETA OFFICIAL:</b>	<b>SIGNATURE:</b>
RECEIVED:	Co-ordinator	
EVALUATED:	Co-ordinator	
APPROVED:	Skills Planning Manager	
REFERRED:	Skills Planning Manager	
REJECTED:	Skills Planning Manager	
GRANT AMOUNT:	Finance Manager	

## **ABET ASSESSMENT GRANT APPLICATION FORM**

Please complete the form below and submit to Foodbev SETA. (Please note that an original signed copy must be sent to Foodbev SETA offices).

Number of employees assessed on ABET		Assessment results		Amount Claimed
		Competent	Not yet competent	
Level 1 literacy	<i>eg 28 @ R75</i>	<i>10</i>	<i>18</i>	<i>R2 100</i>
Level 1 numeracy				
Level 2 literacy				
Level 2 numeracy				
Level 3 literacy				
Level 3 numeracy				
Level 4 literacy				
Level 4 numeracy				
TOTAL CLAIM:				R2 100

### **DECLARATION BY EMPLOYER/PROVIDER**

**This section to be completed by registered SDF duly authorized by the company or a person duly authorized by the ABET Provider.**

I/we hereby accept the terms and conditions contained in the ABET Grant Policy. Furthermore I/we have satisfied ourselves to the extent, nature and regulations governing the proposed ABET Grants.

**I/we attach the assessment results to this grant application.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company SDL Number \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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### **For FoodBev Seta Use Only:**

	<b>SETA OFFICIAL:</b>	<b>SIGNATURE:</b>
RECEIVED:	Co-ordinator	
EVALUATED:	Co-ordinator	
APPROVED:	Skills Planning Manager	
REFERRED:	Skills Planning Manager	
REJECTED:	Skills Planning Manager	
GRANT AMOUNT:	Finance Manager	