



WE GRANT FUNDING AGREEMENT

EMPLOYER	LEVY NUMBER								DATE	
	L									

1. PURPOSE

This agreement establishes a framework for the implementation of work experience or experiential learning for students in HET Institutions as stipulated in FoodBev SETA's Work Experience (WE) Grant Funding Policy.

This agreement further recognizes the role of HET Institutions with which the students are registered and seeks to leverage on their knowledge and expertise.

This agreement also recognizes the role of the students who will be offered the opportunities for work experience in pursuance of their degrees/diplomas and as recipients of the WE Grant.

This agreement also recognizes that FoodBev SETA has agreed to allocate funds to the employer to achieve objectives as outlined in the Work Experience (WE) Grant Funding Policy.

All signatories to this agreement agree to abide by the terms and conditions set out in FoodBev SETA's Work Experience (WE) Grant Funding Policy.

NOW WHEREFORE IT IS AGREED AS FOLLOWS:

2. OBLIGATIONS

- 2.1 The employer will appoint the student for work experience in areas agreed with the HET Institution with which the student is registered. The employer will report on progress of the student
- 2.2 HET Institution will identify students, select the student in consultation with the employer, define criteria for successful completion of the in-service training/internship, monitor and approve employer progress reports on the student.
- 2.3 The student will perform such duties as outlined in the job description contained in this agreement and the relevant conditions of employment agreed with the employer.

3. DISBURSEMENT OF FUNDS

- 3.1 FOODBEV SETA will disburse the allocated funds in terms of its Work Experience (WE) Grant Funding Policy to the employer to subsidize the stipends payable to the appointed student/s.

4. EFFECTIVE DATE

- 4.1 This agreement will be effective from _____ and remain in force for a period of 12 months from commencement of the in-service training/internship.

5. DETAILS OF PARTIES TO AGREEMENT

DETAILS OF HET INSTITUTION (IF APPLICABLE)		
NAME:		
RESPONSIBLE MANAGER/LECTURER:		
TELEPHONE NUMBERS:	HOME	()
	MOBILE	

PHYSICAL ADDRESS:			
		POSTAL CODE	
POSTAL ADDRESS:			
		POSTAL CODE	
DETAILS OF STUDENT			
STUDENT NAME:			
STUDENT ID NO:			
STUDENT NUMBER:			
GENDER:			
RACE:			
NATIONALITY			
TELEPHONE NUMBERS:	HOME	()	
	CELLULAR		
EMPLOYER DETAILS			
NAME OF SDF NAME:			
NAME OF INDUSTRIAL TUTOR/SUPERVISOR :			
TELEPHONE NUMBERS:	WORK/CELLULAR	()	
	FAX	()	
PHYSICAL ADDRESS:			
		POSTAL CODE	
POSTAL ADDRESS:			
		POSTAL CODE	
QUALIFATION:E.G NATIONAL DIPLOMA-HR,LOGISTICS etc			
BRIEF JOB DESCRIPTION:			
Example: Please indicate which disciplines the learner will receive training in during the Experiential Learning period.			
1.			
2.			
3.			
4. Other			
AMOUNT OF STIPEND PAYABLE TO STUDENT:	Employer's contribution: p.a.	
	FoodBev SETA WE Grant:	R36,000 p.a.	
	Total:p.a.	

5. SIGNATURES

5.1 Employer

SIGNED at _____

on this _____ day of _____ 2008

for the Employer (who by his/her signature hereto warrants that he/she is authorized to sign on behalf of the Employer)

AS WITNESS

5.2 HET Institution (IF APPLICABLE)

SIGNED at _____

on this _____ day of _____ 2008

for the HET Institution (who by his/her signature hereto warrants that he/she is authorized to sign on behalf of the HET Institution)

AS WITNESS

1. _____

5.3 The Student

SIGNED at _____

on this _____ day of _____ 2008

for the Student (who by his/her signature hereto agrees to abide by the terms and conditions of this agreement.)

AS WITNESS
