

## Skills Development Facilitator Registration Form

**Private Bag X15  
Gardenview  
2047  
Tel: (011) 607-6946  
Fax: 086 641 2458**

**Email: [samuelt@hwseta.org.za](mailto:samuelt@hwseta.org.za)**

### Guidelines:

A Skills Development Facilitator (SDF) is responsible for:

- Assisting the employer and employees to develop the workplace skills plan
- Advising the employer and employees on the implementation of the workplace skills plan
- Assisting the employer to draft the annual report on the implementation of the workplace skills plan
- 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

Please also refer to the HWSETA Sector Guide for more information on the SDF and their role and responsibilities.

### SDF Details:

Personal Information	
Title	
Surname:	
First Name:	
Initials:	
Identify Number:	
Are you an <b>internal</b> or <b>external</b> SDF?	
Gender:	
Population Group:	
Disability Status:	

Please attach a copy of the ID Book to this application.

Relevant Experience:	
Highest Level of Education:	
Current Occupation:	
OFO Code:	

Organisation Details:	
Organisation Name:	
SDL Number:	
No of Employees:	
Postal Address:	
	Code:
Physical Address:	
	Code:
City and Province:	
Tel No:	
Fax No:	
Email:	
Cell No:	

Organisation Contact:	
Title:	
Surname:	
First Name:	
Initials:	
Occupation:	
OFO Code:	
Tel:	
Fax:	
Email:	
Cell:	

SDF Appointment Details:	
Are you a consultant acting for the employer:	
YES	NO
Will you perform your SDF functions in respect of: <i>(Please tick the appropriate box)</i>	
Single Establishment	
Single Branch of an Organisation	
Multiple Branches of an Organisation	

SDF Appointment Details:	
Group of Organisations	
Please indicate the method of appointment to SDF position by ticking the appropriate box. <i>Companies with more than 50 employees must follow a consultative process in the appointment of an SDF as per Annexure A of the regulations governing the period 1 April 2000-1 March 2001, published in the Government Gazette on 7 February 2000.</i>	
Appointed by Employer	
Self-Appointed	
Nominated by Employees	
Other, please specify	
If representing more than one organisation – please ensure that a separate SDF Registration form is completed for each.	

### Authorisation:

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. HWSETA reserves the right to independently verify information supplied. The responsibility for the correctness of this document rests with the employer.

Name of <b>Authorised Signatory</b> :	
Position in Organisation:	
Signature:	
Date:	
Name of the <b>SDF</b> :	
Signature:	
Date:	
Signed: ( <i>On behalf of <b>Training Committee – Employer Representative</b> – if applicable</i> )	
Signed: ( <i>On behalf of <b>Training Committee – Employee Representative</b> – if applicable</i> )	
<b>Please use Company Stamp:</b>	