

**EXPRESSION OF INTEREST  
SIGN LANGUAGE FOR EMPLOYED PERSONS OF THE DEPARTMENT  
OF HEALTH AND SOCIAL DEVELOPMENT  
2015 - 2016**

The Health and Welfare Sector Education and Training Authority (“HWSETA”) invites all provincial departments of Health and Social Development to participate in the implementation of the Sign Language Training for Employed persons 2015-2016.

**All applicants must complete the following information:**

- **Section A** - Details of Employer
- **Section B** - Breakdown of Beneficiaries
- **Section C** - Authorisation Form

**Details of the Sign Language Training for employed person’s project**

The Sign Language Training is aimed at front line officials of the both the department of Health and Department of Social Development. The aim of the project is to improve the communication between the deaf community and the service workers of both departments.

The service workers will be trained on the basic sign language which will enable them to converse with a deaf person. This will ensure that the health care and social welfare workers can collect the relevant information required for diagnosis with fewer errors. Training cannot be less than 4 days and the department can appoint the services of a recognised training provider. In order to ensure that each department schedules training inline with its business activities, each department may source the services of a training provider who will meet its requirements, be able to present the training in the districts and be able to accommodate its time frames.

**Details of the funding for all employers wishing to participate:**

- Only the Provincial Departments of Health and Social Developments may apply
- Only persons that are permanently employed by the Departments are classified as employed.
- The training institution through which the learner will complete their Sign Language training need not be accredited but must be recognised by DEAFSA.
- The Department must have submitted a Workplace Skills Plan and Annual Training Report to the PSETA for the 2015-2016 financial year by the 30<sup>th</sup> of April 2015.
- The funding indicated below includes the assessment costs, training costs as well as the certification costs.

### **Breakdown of Funding Available**

The table below indicates the total number of learners to be funded through this strategy across all provinces.

| <b>Number of Learners</b> | <b>Maximum funding per learner</b> |
|---------------------------|------------------------------------|
| <b>960</b>                | <b>R4,000</b>                      |

### **Qualifying criteria:**

- **All Departments** must have submitted a WSPIR to PSETA for the 2015-2016 financial year by the 30<sup>th</sup> of April 2015.
- **All Departments** must ensure that all applications are done inline with the requirements of the grant as indicated under details of the funding, and all the required attachments accompany the application.
- **All Departments** must be up to date with its Government skills levy contributions to the HWSETA for the 2014-2015 financial year.

***Please note the following employment equity targets which the SETA will consider when allocating the grant to qualifying organisations:***

- At least **85%** of all learners funded must be **Black**
- At least **54%** of all learners funded must be **Woman**
- At least **5%** of all learners funded must be **persons with disabilities**

### **Please Note:**

**The HWSETA reserves the right to withdraw the approval if:**

- The information provided in the application form is not true and correct; or
- The employer does not adhere to any of the requirements laid down by the HWSETA.

## The Approval Process

1. The HWSETA will only consider **fully completed** applications which have been submitted on or before **31<sup>st</sup> August 2015 by 16h00**. **No late applications will be considered**. A **fully completed** application means that Sections A, B and C of the application form must be completely filled in before being submitted.
2. Please ensure that **only pages 4, 5, 6 and 7 of this Expression of Interest are submitted. (Sections A, B and C)**
3. The submission of an Expression of Interest Application does not mean that your application to participate in the Sign Language Project for employed learners 2015-2016 has been approved. All applicants will be informed in writing of the outcome of their application by **25<sup>th</sup> September 2015**.
4. The **Memorandum of Agreement** must be signed and submitted to the HWSETA by no later than **30<sup>th</sup> October 2015**. Please note that this document may only be submitted by employers who receive a conditional approval letter from the HWSETA after making an application.
5. The **Learner registration forms and Details of Training provider** must be signed and submitted to the HWSETA by no later than **30<sup>th</sup> November 2015**.
6. **Full Approval** will only be granted and communicated once the signed MOA and learner Registration forms have been received and approved by the HWSETA.
7. Applications must be submitted either by hand or couriered to HWSETA physical offices, 17 Bradford Road, Bedfordview, 2007. **ONLY ORIGINAL HARD COPIES FULLY SIGNED WILL BE ACCEPTED. NO LATE, FAXED OR E-MAILED APPLICATION WILL BE ACCEPTED.** All applications must be addressed to:

| <b>CONTACT PERSON</b> | <b>TELEPHONE NO</b>   | <b>POSTAL ADDRESS</b>                     |
|-----------------------|-----------------------|---|
| <b>Nkele Mphela</b>   | <b>(011) 607-6963</b> | <b>17 Bradford Road, Bedfordview,2007</b> |

## SECTION A: Organisation Details

### Employer Details:

|   |        |               |
|---|--------|---------------|
| <b>NAME OF DEPARTMENT:</b>              |        |               |
| <b>PROVINCE</b>                         |        |               |
| <b>LEVY/T- NUMBER:</b>                  |        |               |
| <b>BUSINESS ADDRESS<br/>(Physical)</b>  |        |               |
| <b>PROVINCE</b>                         |        | Nearest Town: |
| <b>LOCATION</b>                         | Urban: | Rural:        |
| <b>TEL:</b>                             |        | FAX:          |
| <b>EMAIL ADDRESS:</b>                   |        |               |
| <b>MUNICIPALITY</b>                     |        |               |
| <b>NUMBER OF EMPLOYEES:</b>             |        |               |
| <b>ORGANISATIONS PRIMARY<br/>FOCUS</b>  |        |               |
| <b>WSP SUBMISSION DATE</b>              |        |               |
| <b>NAME OF CONTACT PERSON</b>           |        |               |
| <b>POSITION IN THE<br/>ORGANISATION</b> |        |               |

**Training Provider/ Institution Details:**

|  |        |        |
|--|--------|--------|
| <b>NAME OF TRAINING PROVIDER/INSTITUTION</b> |        |        |
| <b>POSTAL ADDRESS</b>                        |        |        |
| <b>REGION</b>                                |        |        |
| <b>MUNICIPALITY</b>                          |        |        |
| <b>LOCATION</b>                              | Urban: | Rural: |

**SECTION B: Breakdown of Beneficiaries**

| MUNICIPALITY | TOTAL |        |            | TOTAL NUMBER OF LEARNERS APPLIED FOR |
|--------------|-------|--------|------------|--------------------------------------|
|              | Male  | Female | Disability |                                      |
|              |       |        |            |                                      |
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|              |       |        |            |                                      |
|              |       |        |            |                                      |

## SECTION C: Authorisation

We hereby confirm that the information supplied on the accompanying schedules is true and correct.

Name and Surname of SDF: \_\_\_\_\_

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

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

Name and Surname of Organisation contact: \_\_\_\_\_

Designation in the organisation: \_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile (Cell): \_\_\_\_\_

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

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

**Please note:**

Section A, B and C must be **initialled** on each page.