

PROJECT IMPLEMENTATION PLAN

Entity allocated project			
Training Provider			
Physical address Where training will take place		Postal address	
	Code:		Code:
Local Municipality			
Name of Contact Person			
Designation of Contact Person			
Tel No.	Cell Phone No.	Fax No.	
Email Address			

Name of Province (Please tick most applicable to your line of business/training requirements)

- | | | |
|--|--|---------------------------------------|
| Gauteng <input type="checkbox"/> | North West <input type="checkbox"/> | Limpopo <input type="checkbox"/> |
| Western Cape <input type="checkbox"/> | Northern Cape <input type="checkbox"/> | Eastern Cape <input type="checkbox"/> |
| KwaZulu-Natal <input type="checkbox"/> | Free State <input type="checkbox"/> | Mpumalanga <input type="checkbox"/> |

List current DG Projects	
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- SHORT SKILLS PROGRAMMES**
 BURSARY
 LEARNER -SHIP
 APPRENTICESHIP
 INTERNSHIP
 CANDIDACY PROGRAMME

Qualification/s, Trade/s, Professions, etc	No of Learners									
EMPLOYED (18.1) / UNEMPLOYED (18.2)										
AM	AF	IF	IM	CM	CF	WM	WF	D		
Designated Groups and Equity Principles										
Percentage of learners who are disabled										
Explain if any learners will be placed or employed										
Strategic Goal: CETA SSP / Provincial Business Plan Indicate SSP / Scarce / critical skills + OFO Codes										
Expected Impact within industry sector: Describe how target group and Industry will benefit										
Strategic Partners: Co-operation with other organisations										
Training Provider (s) involved: Name/s of training providers if already appointed through the JPMT processes						Provider 1			Provider 2	
Accreditation number and expiry date of accreditation:										

Private / Public Provider:			
Accredited SETA:			
Accreditation Number:			
Period of Activity of Total Programme / Project e.g. L/Ship = 12 Months		Proposed Start Date (DD/MMM/YYYY)	Proposed End Date (DD/MMM/YYYY)
PHASE	Activities	Completion Date and Duration	Responsible
PHASE 1	Induction of Learners		CETA AND ENTITY
	Theoretical learning: Unit Standards/Modules/CPD Workshop Outcomes/etc	Start and End Date	ENTITY AND TRAINING PROVIDER
	Simulation		
	Summative Assessment		
	Internal Moderation		
	External moderation		CETA
Uploading of learner achievements			
PHASE 2	Workplace Learning	Start and End Date	EMPLOYER
	Workplace Details		
	Employer:		
	Physical Address:		
	Contact Person:		
	Contact Number:		
	Practical learning: Unit Standards/Modules/Tasks	Start and End Date	Names of Mentors/ Assessors/Moderators
Summative Assessment			

	Internal Moderation		
	Workplace Details Employer: Physical Address: Contact Person: Contact Number:		
	Practical learning: Unit Standards/Modules/Tasks	Start and End Date	Names of Mentors/ Assessors/Moderators
	Summative Assessment		
	Internal Moderation		
	Workplace Details Employer: Physical Address: Contact Person: Contact Number:		
	Practical learning: Unit Standards/Modules/Tasks	Start and End Date	Names of Mentors/ Assessors/Moderators
	Summative Assessment		
	Internal Moderation		
	External Moderation		CETA
	Implementation of External Moderation Recommendations (if necessary)		
	External Moderation		CETA
	Request for Certificates		
	Certification		CETA



Prepared by

Entity Representative		Capacity	
Date		Signature	
Project Lead Name			
Date		Signature	

Approved by CETA

Approved by		Capacity	
Date		Signature	