

Soft Skills Training Application Form



THE INTELLIGENT ALTERNATIVE | WWW.MISA.ORG.ZA

- Institutions/training interventions should be registered with the Department of Higher Education or accredited by a SETA.
- Only fully completed applications will be considered.
- Payments will only be made directly to the institution.

MISA Head Office
 201 MISA Centre, 12 Fir Drive
 Northcliff Ext 2, Johannesburg, 2195
 PO Box 1604, Northcliff, 2115
 Training Department
 +27 11 476 3920 | training@ms.org.za

Personal Details					
MISA Membership No.		ID Number			
Surname		Gender	M	F	Ethnic Origin
Full Names					
E-mail		Cell Number			
Postal Address					
Residential Address					
Have you previously applied for this MISA Soft Skills training initiative?		YES	NO	If yes, was it approved?	
				YES	NO
Supply the date(s) training was granted					
Have you previously applied for a MISA bursary or study assistance?		YES	NO	If yes, was it approved?	
				YES	NO
Supply the date(s) MISA bursary or study assistance were granted.					
Employment Details					
Company Name					
Occupation					
Institution and course information					
Soft Skills Training available:					
	Telephone Etiquette		Health & Safety Training		First-Aid Training
	Receptionist Training		Microsoft Office Applications		Customer Service
	EE Committee Training		Business Presentation Skills		Time Management
Any other course specification					
Name of Institution					
Tel. Number			E-mail		
Postal Address					
Street Address					
Bank Account Name					
Bank Name			Account number		

Branch code	Type of Account
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Please attach the following certified copies:
 (Copies to be certified by a **Commissioner of Oaths**) Certification may not be older than 3 months.

1	ID copy	2	Invoice/proof of registration by institution
3	Previous period/studies' results funded by MISA (if applicable)		

Motivation for Financial Assistance

Declaration by Member

I, the undersigned, hereby apply for the MISA funded Soft Skills Training and solemnly declare that the particulars detailed above are true and correct.
 I acknowledge that I shall become personally liable for any training and cancellation costs in respect of paid/scheduled training, by MISA or its Service Provider, due to non-attendance and/or cancellation.

Signature _____ Date _____

Authorisation by Manager

Name & Surname	Designation
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I, the undersigned, hereby confirm that the Soft Skills Training applied for is in line with the employee's development and undertake to provide opportunities for the employee to use the skills gained.

Signature _____ Date _____

For Office use					
Confirmation of contributions attached	YES	NO	Ordinary member (not Associate)	YES	NO
I, _____, the undersigned of MISA, confirm the above information in respect of membership as being correct.					
Signature			Date		
Date complete Application received					
Member from RMI establishment?	YES	NO	If no, elaborate		
First Soft Skills Benefit Application?	YES	NO	If no, give date if in the last 12 months		
Number of applications older than 12 months					
Approved Study Assistance in the last 12 months?	YES	NO	If yes, supply course name and date		
Certified ID Copy attached	YES	NO	Invoice/proof of registration attached	YES	NO
Accredited institution	YES	NO	Previous results attached	NA	YES
Accredited by					
I, _____, the undersigned of MISA, confirm that all source documentation in respect of this application has been received and verified .					
Signature			Date		
Authorisation					
Application Declined					
Reason if declined:					
Member notified of declined application		Date:		By way of:	
Application Approved					
National Training and HR Manager			Supervisor Operations/Administration		
Date			Date		
Approval of _____ (1 st /2 nd /3 rd) application for this member.					
Claim No	Amount	EFT/Cheque No	Date		