

**FOREST INDUSTRIES EDUCATION AND TRAINING  
AUTHORITY**



**IMPLEMENTATION REPORT  
2008– 2009**

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**Chairperson:** Mr. Mike Truelock

**CEO:** Mr. Simangaliso Mkhwanazi

**DUE DATE: 30 JUNE 2009**



Levy number: L

## Introduction

**The Forest Industries Education and Training Authority (FIETA)** has been established in terms of Section 9 (1) of the Skills Development Act, 1998 as a Sector Education and Training Authority with effect from **1 April 2005 to 31 March 2010**

**Reference number:** 10/FIETA/01/04/05

This document is the format for the preparation of the Implementation Report 2008 - 2009. Its' main purpose is to provide information on your organisation's performance and on implementation of the Workplace Skills Plan 2008 – 2009. This Implementation Report must be submitted to the Forest Industries Education and Training Authority by **30 June 2009**.

### **Criteria for the approval of this Implementation Report**

1. All applications must meet the due date of 30 June 2009
2. Training must be based on scarce or critical skills
3. The Implementation Report 2008 – 2009 must be **accepted** and **signed off** by both management and labour representatives for companies employing more than 49 workers
4. The WSP 2008 – 2009 must have been approved for grant payment by FIETA
5. Employers **must** be up-to-date with their levy payments
6. The employer should have implemented training according to the WSP 2008 – 2009. Please provide evidence in the form of attendance registers, certificates, etc
7. **The Implementation Report 2008 – 2009 must be submitted with the WSP 2009 – 2010.**

The Implementation Report may be submitted electronically through SMS, posted or delivered to our offices. However, we do require the **original hard copy, signed by all stakeholders**. For electronic submissions through the SMS, FIETA requires the original hard copy by 30 June 2009

*SKILLS FOR SUSTAINABLE GROWTH,  
DEVELOPMENT AND EQUITY*

**SECTION A: ADMINISTRATIVE DETAILS**

**1. Employer Details**

**1.1 Name of Employer**

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**1.2 Skills Development Levy (SDL) No**    L

**1.3 Please tick appropriate Chamber**

Forest and Paper Chamber	<input type="checkbox"/>	Furnwood Chamber	<input type="checkbox"/>
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**2. Skills Development Facilitator (SDF) Details**

Surname / Name	
Telephone no:	
ID no:	
Fax no:	
Cell no:	
Email address:	

**2.1 List all other companies or branches of which you are an SDF**

Company	Levy Number	SETA

**SECTION B: EDUCATION AND TRAINING IMPLEMENTED 2008 – 2009**

**3. Please Note**

- 3.1 The WSP 2009 – 2010 will not be approved for grant payment if the following section is not completed
- 3.2 Companies who submit the Workplace Skills Plan only each year will not be approved for grant payment in 2009 – 2010
- 3.3 Employers expected to have spent atleast 1% of their total remuneration bill

**SECTION B: REPORT ON TRAINING INTERVENTIONS**

**3.1 Number of actual beneficiaries of training per OFO codes, occupational category ,by gender, population group and disability status**

Occupations		Male				Female					People with Disability			
Code	Occupational category	A	C	I	W	A	C	I	W		A	C	I	W

<b>3.2: Number of beneficiaries who completed the training interventions</b>					
Code	Occupational category	Type of learning programme	Number trained at		
			Entry level	Intermediate level	Advanced Level

<b>3.3: Total number of beneficiaries who completed ABET programmes</b>	
<b>ABET Level I</b>	
<b>ABET Level II</b>	
<b>ABET Level III</b>	
<b>ABET Level IV</b>	

**SECTION C: STRUCTURED TRAINING IMPLEMENTED FOR EMPLOYEES BELOW NQF1**

4. The ‘NQF Level’ refers to the level at which the course is targeted on the National Qualifications Framework. The lowest level refers to a low level of academic demand, and signifies a basic level of education. The highest level refers to a high level of academic demand.

Name of Course (Training intervention planned)	Level	Provider	Duration		Is the provider accredited?		Number of Learners		Completion Date
			Years	Months	Yes	No	Male	Female	
					Yes	No			___/___/___
					Yes	No			___/___/___
					Yes	No			___/___/___
					Yes	No			___/___/___
					Yes	No			___/___/___
					Yes	No			___/___/___

**Training of employees who are below the National Qualifications Framework Level One is a national priority and one of the National Skills Development Strategy targets. More employees should be encouraged to reach at least Level on the NQF.**

**SECTION E: IMPLEMENTATION CHALLENGES**

5. Please comment on any challenges encountered during the planning stages of this Workplace Skills Plan.

## SECTION F: PROCESS AND AUTHORISATION

6. This section stands as evidence of the Workplace Skills Plan being a product of consultative processes. It also seeks to document the name and contact details of the person who coordinates this consultative process in the organisation. No grant payment would be made to a company if authorized signatures are not attached.

6.1 Please outline the composition of the Skills Development Committee. Was the draft plan reviewed and considered by the Committee? (**Name Committee members, designation, structure representing race and gender**). **This applies to all companies with more than 50 employees.**

Name	ID Number	Designation & Name of Union	RACE	GENDER	
				M	F
				M	F
				M	F
				M	F
				M	F
				M	F

<b>6.2 Reality Check</b>		
1. Was the document properly consulted with all employees?	Yes	No
2. Is the document based on a true assessment of the needs and priorities of your organisation?	Yes	No
3. Are you aware that FIETA will not reimburse your company on the actual amount spent on training?	Yes	No
4. Have you checked your organisation's budget to ensure that you can deliver on your Workplace Skills Plan?	Yes	No
5. Do you have an Implementation Plan in order to ensure that the programmes you have projected in your Workplace Skills Plan can be delivered?	Yes	No
6. Have you received all grant payments due to you for the WSP 2007-2008?	Yes	No
7. Did you know that you may apply for FIETA Discretionary Grants?	Yes	No
8. Do you get progress reports from people representing you in the FIETA chambers?	Yes	No

### 6.3 Authorized Signatures

As confirmation that the Workplace Skills Plan is the result of **consultation** within the organisation, including employees and their representatives, as per the legislative requirement, please complete the details below and attach original signatures of people who represent the different stakeholders in your organization.

**COMPLETE TABLES BELOW IN HANDWRITTEN BLOCK LETTERS. IF SUBMITTED ELECTRONICALLY, THIS PAGE/s MUST BE FAXED OR POSTED TO FIETA.**

#### a) Representative of Employer / Management

Name (Print)	
Signature	
Company SDL number	
Company name	
Position in Organization	
Date	
Witness (es):	

#### b) Representative of Workforce

Name (Print)						
Position in Organisation						
Name of Union / Staff Structure						
Position in Union / Staff Structure						
Nature of appointment to be workforce rep	Elected by workers	<input type="checkbox"/>	Appointed by employer	<input type="checkbox"/>	Self appointed	<input type="checkbox"/>
Signature						
Date						
Witness (es):						

**6.4 Declaration by employer**

**This is to confirm that this Organisation is up to date with levy payments to the Commissioner of the South African Revenue Services.**

Name (Print)	
Signature	
Company SDL number	
Company name	
Position in Organization	
Date	
Witness (es)	

**DUE DATE: 30 JUNE 2009**